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I. COMPREHENSIVE HEALTH CARE REFORM (CHCR)

Vetoed

AB 8 Nunez

Health care.

Establishes a comprehensive package of health care reforms, including expansion of eligibility for the Medi-Cal and Healthy Families Programs; creates a statewide health care purchasing program (California Health Insurance Purchasing Program, or Cal-CHIPP); modifies rules governing private individual and group health insurance; initiates and expands health care quality and cost measurement activities; establishes administrative and funding mechanisms to support the reforms; and, requires the California Health and Human Services Agency to conduct a comprehensive evaluation of the implementation.

Veto Message

While I appreciate the Legislature's efforts to reform our broken health care system and applaud the hard work that has gone into AB 8, I cannot sign this bill. AB 8 would put more pressure on an already broken system.

AB 8 does not achieve coverage for all, a critical step needed to reduce health care costs for everyone. Comprehensive reform cannot leave Californians vulnerable to loss or denial of coverage when they need it most. Finally, to be sustainable, comprehensive reform cannot place the majority of the financial burden on any one segment of our economy. Unfortunately, AB 8 falls short on all three accounts.

California needs a financially sustainable health care reform plan that shares responsibility, covers all Californians and keeps our emergency rooms open and operating. I cannot support reform efforts that fall short of these goals and threaten to weaken our already broken system.

SB 840 Kuehl

Single-payer health care coverage.

Creates the California Healthcare System (CHS), a single payer health care system, administered by the California Healthcare Agency, to provide health insurance coverage to all California residents. Makes CHS become operative when the Secretary of Health and Human Services determines the Healthcare Fund will have sufficient revenues to fund the costs to implement this bill.

Veto Message

According to the Legislative Analyst's Office, the bill is estimated to cost \$210 billion in its first full year of implementation and cause annual shortfalls of \$42 billion. To place this in proper perspective - our state budget deficit this year started at \$24.3 billion.

I cannot support a bill that places an annual shortfall of over \$40 billion to our state's economy.

SB 973 Simitian**California Health Benefits Service Program.**

Establishes within the Department of Health Care Services the California Health Benefits Service Program to authorize and facilitate the creation of joint ventures among public health coverage programs, including existing publicly operated Medi-Cal managed care plans and the County Medical Services Program, which could provide health coverage to uninsured persons and health insurance purchasers, including individuals, employers and other health plan sponsors.

Veto Message

I agree with the author and sponsor that health care options need to be affordable and accessible to the people of California. My comprehensive health care reform proposal would have created many of those options for people of all income levels. Unfortunately, this bill represents an extremely small provision of a much larger proposal.

I cannot support a one-sided, piecemeal approach to health care reform. Californians deserve a financially sustainable and comprehensive solution that promotes prevention, shares responsibility, covers everyone, contains cost and keeps our hospitals open.

The people of California demand more than incremental solutions to this problem. I would invite the Legislature to once again engage in the debate over a comprehensive solution that fixes our broken health care system.

II. EMERGENCY MEDICAL SERVICES (EMS)

Chaptered

AB 2702 Nunez

Maddy Emergency Medical Services Fund: hospital and physician reimbursement: Los Angeles County.

Allows physicians providing services in a standby emergency department (ED) that was in existence January 1, 2007 in a hospital in Los Angeles County to receive reimbursement from Proposition 99 (Tobacco Tax and Health Protection Act of 1988) and Maddy Emergency Medical Services funds if the ED treats at least 18,000 patients per year and meets general, staffing, and equipment requirements of a basic ED. (Chapter 288, Statutes of 2008)

AB 2917 Torrico

Emergency medical services personnel.

Requires the Emergency Medical Services Authority to establish a statewide emergency medical technician (EMT) registry and develop standards, guidelines, and regulations for certification of specified EMTs. Establishes rules for EMT certification and discipline, and for investigation of any conduct which threatens public health and safety, as defined. (Chapter 274, Statutes of 2008)

SB 997 Ridley-Thomas

Commission on Emergency Medical Services: membership.

Adds two members to the Commission on Emergency Medical Services. (Chapter 275, Statutes of 2008)

SB 1141 Margett

Emergency medical services: public aircraft.

Prohibits existing requirements for the emergency medical services (EMS) system and EMS personnel from being construed to authorize nonmedical state or local regulation of public aircraft, as specified. (Chapter 289, Statutes of 2008)

Vetoed

AB 941 Torrico

Emergency medical technicians: certificates: discipline.

Revises the disciplinary authority of local emergency medical services agencies with regard to emergency medical technicians.

Veto Message

While I appreciate the efforts by the author and stakeholders to improve coordination and oversight of California's emergency medical technicians in a manner that better protects public safety, I cannot sign this bill. AB 941 would establish a statewide registry for EMTs, establish background check requirements and provide for uniform disciplinary

AB 941 Torrico Veto Message [Continued]

standards. However, it falls short of what is needed to protect public safety and ensure appropriate oversight of EMTs. Specifically, I am concerned this bill lacks requirements and penalties to assure timely notice when an investigation is initiated, does not provide sufficient authority for local medical directors to independently initiate investigations, and fails to establish clear standards for background checks. In addition, I am concerned that the bill would significantly limit public disclosure. I therefore direct the Health and Human Services Agency to work in a collaborative manner with stakeholders on legislation that builds on AB 941, and improves it to get the job done.

III. FOOD SAFETY (FS)

Chaptered

AB 97 Mendoza

Food facilities: trans fats.

Prohibits storing, distributing, serving, or using any food, oil, shortening, or margarine containing artificial trans fat in the preparation of any food within a food facility, effective January 1, 2010, or January 1, 2011, depending on the food product. Exempts food sold or served in a manufacturer's original, sealed package. Exempts food provided by public elementary, middle, junior high or high school cafeterias. (Chapter 207, Statutes of 2008)

AB 2079 Emmerson

Misbranded food: allergen labeling.

Deems food to be misbranded if the labeling does not conform to federal food allergen labeling requirements and eliminates a duplicative licensing requirement for persons engaged in the manufacturing, packing, and distribution of olive oil. (Chapter 73, Statutes of 2008)

AJR 13 Caballero

Food safety.

Requests additional funds from the federal government to the Western Center for Food Safety and Security at the University of California, Davis for research into the best practices to avoid Escherichia coli (E. coli) O157:H7 contamination of leafy green vegetables. (Res. Chapter 55, Statutes of 2007)

AJR 57 Huffman

Mercury-contaminated seafood.

Urges the federal Food and Drug Administration to reduce the public's exposure to mercury in seafood. (Res. Chapter 130, Statutes of 2008)

SB 744 Runner

Food facilities.

Makes various changes relating to the regulation of food facilities under the California Retail Food Code, which takes effect on July 1, 2007. (Chapter 96, Statutes of 2007)

SB 1420 Padilla

Food facilities: posting of nutritional information.

Requires, by January 1, 2011, every food facility in this state that operates under common ownership or control with at least 19 other food facilities with the same name, that sell substantially the same menu items, or operates as a franchised outlet of a parent company with at least 19 other franchises with the same name, that sell substantially the same menu items, to disclose specified nutritional information on their menus and indoor menu boards. (Chapter 600, Statutes of 2008)

Vetoed

AB 2540 Mendoza

Mobile food facilities.

Establishes "single operating site mobile food facility" as a new category of mobile food facilities (MFFs) regulated under the California Retail Food Code (CRFC) and revises existing CRFC standards relating to water storage, contamination prevention, and construction requirements for MFFs and satellite food service operations.

Veto Message

The historic delay in passing the 2008-09 State Budget has forced me to prioritize the bills sent to my desk at the end of the year's legislative session. Given the delay, I am only signing bills that are the highest priority for California. This bill does not meet that standard and I cannot sign it at this time.

SB 63 Migden

Food labeling: cloned animals.

Requires producers of livestock who sell or transfer any cloned animal or its progeny to disclose specified information to the buyer or transferee and requires food manufacturers and processors to label food products that include the product of a cloned animal or its progeny.

Veto Message

While I support access to information that helps inform consumer choices, I cannot sign this bill as it is pre-empted by federal law. Federal law prohibits states from enacting labeling requirements for meat and poultry that are in addition to those federally established. Further, I am concerned that this bill would require tracking and labeling requirements that could be unworkable, costly and unenforceable.

SB 201 Florez

Dairy farms: raw milk: testing: standards.

Establishes the Fresh Raw Milk Act of 2008 to require raw milk dairy farms that choose to comply with the requirements of this bill to develop and maintain an individualized Hazard Analysis Critical Control Point plan, as specified. (Vetoed)

Veto Message

This bill weakens food safety standards in California, something I cannot support.

Last year I signed AB 1735, which passed the Legislature unanimously and put into law food safety standards for raw milk. Those standards are now in question by the proponents of this bill. Looking past the lobbying techniques, public relations campaign, and legal maneuvering in the courts, one conclusion is inescapably clear: the standard in place has kept harmful products off the shelves and California's raw milk dairies have been operating successfully under it for the entirety of 2008.

SB 201 Florez Veto Message [Continued]

Based on fears with no basis in fact, the proponents of SB 201 seek to replace California's unambiguous food safety standards for raw milk. Instead they have created a convoluted and undefined regulatory process with no enforcement authority or clear standards to protect public health.

SB 1359 Runner
Retail food facilities

Makes a number of technical and clarifying changes to food safety laws governing retail food facilities regulated under the California Retail Food Code.

Veto Message

The historic delay in passing the 2008-09 State Budget has forced me to prioritize the bills sent to my desk at the end of the year's legislative session. Given the delay, I am only signing bills that are the highest priority for California. This bill does not meet that standard and I cannot sign it at this time.

IV. HEALTH CARE FACILITIES (HCF)

Chaptered

AB 106 Berg

Immunizations.

Requires a general acute care hospital, pursuant to its own standardized procedures and if it has the vaccine in its possession, each year, between October 1 and April 1, to offer prior to discharge, immunizations for influenza (flu) and pneumococcal disease to inpatients aged 65 years or older, as specified. (Chapter 378, Statutes of 2007)

AB 211 Jones

Confidentiality of patient medical information.

Establishes an Office of Health Information Integrity to ensure the enforcement of state confidentiality of medical information, to impose administrative fines for the unauthorized use of medical information upon referral from the Department of Public Health, and requires providers of health care to establish and implement appropriate administrative, technical, and physical safeguards to protect the privacy of patients' medical information. (Chapter 602, Statutes of 2008)

AB 632 Salas

Health care facilities: whistleblower protections.

Expands whistleblower protections currently provided to patients, employees, and others in health facility settings, to members of health facility medical staffs. Prohibits owners and operators of any health facility from retaliating because a person from one of these groups has notified government entities of suspected unsafe patient care and conditions. (Chapter 683, Statutes of 2007)

AB 752 Dymally

Hospital funding.

Sets forth a distribution methodology for stabilization funding that may be available in 2007-08 and subsequent project years for designated public hospitals pursuant to the Medi-Cal Hospital /Uninsured Care Demonstration Project Act. (Chapter 544, Statutes of 2007)

AB 1174 Keene

Hospital districts.

Eliminates the January 1, 2008, sunset date on authority for the Eastern Plumas Health Care District (District) to operate the Sierra Valley District Hospital as a skilled nursing facility or as an intermediate care facility under a consolidated license and allows the District to operate the hospital in this manner until the hospital is annexed by the District. (Chapter 20, Statutes of 2007)

AB 1175 Niello

Clinical laboratories: personnel.

Clarifies that a laboratory director is allowed, not required, to appoint an authorized designee to establish, validate, and document explicit criteria by which clinical laboratory test results are autoverified. Contains an urgency clause to ensure that the provisions of this bill go into immediate effect upon enactment. (Chapter 61, Statutes of 2007)

AB 1203 Salas

Health care service plans: payment for post-stabilization hospital services.

Establishes uniform requirements governing communications between health plans and non-contracting hospitals related to post-stabilization care following an emergency, and prohibits a non-contracting hospital from billing a patient who is a health plan enrollee for post-stabilization services, except as specified. (Chapter 603, Statutes of 2008)

AB 1397 Soto

Long-term health care facilities.

Requires the Department of Public Health to post on its Web site the following information regarding funds in the State Health Facilities Citations Penalties Account pursuant to violations of state law and the Federal Health Facilities Citations Penalties Account pursuant to violations of federal law: 1) sources of funds; 2) amount of funds that have not been allocated; and, 3) a detailed description of how funds have been allocated and expended, including, but not limited to, the names of any persons or entities that received the funds, the amount of any salaries paid to temporary managers, and a description of any equipment purchased with the funds. (Chapter 545, Statutes of 2007)

AB 2010 DeSaulnier

Affiliate clinics: provisional licenses.

Exempts affiliate clinics, as defined, from the provisional licensure law. (Chapter 90, Statutes of 2008)

AB 2128 Emmerson

Health facilities: dietitians.

Expands and places in statute existing regulatory standards which establish multiple educational options for an individual to qualify as a dietetic services supervisor in a health facility and authorizes the Department of Public Health to waive the requirements in specified circumstances. (Chapter 225, Statutes of 2008)

AB 2216 Gaines

Diesel generators: health facilities.

Repeals the requirement that a health facility, as defined, start a backup diesel generator at least once per week in any week the generator is not otherwise tested, as specified, and extends by two years, the January 1, 2009 sunset date establishing standards and reporting requirements health facilities must meet related to testing of backup generators. (Chapter 232, Statutes of 2008)

AB 2400 Price

Hospitals: public notice of closure.

Requires, not less than 30 days prior to closing a general acute care or acute psychiatric hospital, eliminating a supplemental service, as defined in existing regulations, or relocating the provision of a supplemental service to a different campus, hospitals to provide notice to the public and the applicable administering state department. (Chapter 459, Statutes of 2008)

AB 2565 Eng

Hospitals: brain death.

Requires licensed general acute care hospitals to adopt a policy for providing family or next of kin of a patient with a reasonably brief period of accommodation, as defined, in the event the patient is declared brain dead. (Chapter 465, Statutes of 2008)

AB 3028 Salas

Health facilities: construction plan review.

Authorizes the Office of Statewide Health Planning and Development (OSHPD) to use electronic means to review and approve hospital building construction and alteration plans, and to use an "over-the-counter" review process. Requires OSHPD, to the extent possible, to use information technology to facilitate timely review of hospital building and alteration plans and inspections of hospital buildings. (Chapter 506, Statutes of 2008)

SB 158 Florez

Hospitals: patient safety and infection control.

Establishes an infection surveillance, prevention, and control program within the Department of Public Health to provide oversight of hospital prevention and reporting of general acute care hospital-associated infections; expands the responsibilities of the existing Hospital Care Associated Infection Advisory Committee; and, requires all hospitals to institute a patient safety plan for the purpose of improving the health and safety of patients and reducing preventable patient safety events. (Chapter 294, Statutes of 2008)

SB 211 Cox

Seismic safety: application filing fees.

Authorizes the Office of Statewide Health Planning and Development (OSHPD) to postpone the filing fee related to hospital construction proposed as a result of any event that has been declared a disaster by the Governor, and requires OSHPD to include in seismic safety regulations standards for hospital equipment anchorages, including but not limited to architectural, mechanical, and electrical components, supports and attachments. (Chapter 429, Statutes of 2007)

SB 238 Aanestad

Medi-Cal.

Includes in the definition of a federally qualified health center (FQHC) and rural health center (RHC) "visit" a face-to-face encounter between an FQHC or RHC patient and a dental hygienist or a dental

SB 238 Aanestad [Continued]

hygienist in alternative practice. Establishes processes for FQHCs and RHCs to bill Medi-Cal for dental hygienist visits. (Chapter 638, Statutes of 2007)

SB 306 Ducheny

Health facilities: seismic safety.

Amends the Alfred E. Alquist Hospital Facilities Seismic Safety Act (Act) to permit hospitals to delay compliance with the July 1, 2008 seismic retrofitting deadline, and the 2013 extension, to the year 2020, by filing a declaration with the Office of Statewide Health Planning and Development that the owner lacks financial capacity to comply with the deadline and outlines the criteria a hospital must meet in order to declare a lack of financial capacity. (Chapter 642, Statutes of 2007)

SB 350 Runner

Hospitals: discount payment and charity care policies.

This bill makes technical and clarifying changes to existing law dealing with hospital charity care and discount payment policies for uninsured persons, establishes time limits for patients to apply for hospital charity care or discounted payments and for hospitals to make determinations of their eligibility, and provides that a hospital or its assignee may report adverse information to a consumer credit reporting agency or commence civil action against a patient who has received an extended payment plan under a hospital's charity care and discount payment policy, or other hospital policy, and who defaults on their payment obligations. (Chapter 347, Statutes of 2007)

SB 366 Aanestad

Clinical laboratories: personnel.

Repeals the January 1, 2008 sunset date in existing law that establishes the following workload limitations: 1) that a cytotechnologist examine no more than 80 gynecologic slides in a 24-hour period when performing manual review of slides; and, 2) the requirement to follow workload requirements established by the federal Clinical Laboratory Improvement Amendments when using automated or semiautomated screening devices approved by the federal Food and Drug Administration. (Chapter 198, Statutes of 2007)

SB 474 Kuehl

Medi-Cal: hospital demonstration project funding.

Makes several changes to the Medi-Cal Hospital/Uninsured Care Demonstration Project Act, commonly referred to as the Hospital Financing Waiver, and establishes the South Los Angeles Medical Services Preservation Fund to which \$100 million of safety net care pool funds will be deposited per year for the project years 2007-08, 2008-09, and 2009-10 for the purpose of funding health services for the uninsured population of South Los Angeles. (Chapter 518, Statutes of 2007)

SB 541 Alquist

Health facilities: administrative penalties and confidentiality of patient medical information.

Increases the maximum penalties levied against hospitals for immediate jeopardy and other specified violations. Requires licensed clinics, health facilities, hospices, and home health agencies to prevent

SB 541 Alquist [Continued]

unlawful access to, use, or disclosure of patients' medical information; establishes administrative penalties for violations; and, requires the patient and the Department of Public Health be notified of any unlawful access to, use, or disclosure of a patient's medical information. (Chapter 605, Statutes of 2008)

SB 633 Alquist

Persons with disabilities: care in community settings and hospital discharge planning policies.

Requires hospitals to provide every patient anticipated to be in need of long-term care, at the time of discharge, with contact information of entities providing information or referral services relating to community-based options, as specified. (Chapter 472, Statutes of 2007)

SB 891 Correa

Health facilities: Elective Percutaneous Coronary Intervention (PCI) Pilot Program.

Establishes, until January 1, 2014, the Elective PCI Pilot Program the Department of Public Health which authorizes six acute care hospitals, licensed to provide cardiac catheterization laboratory services, to perform elective PCI without onsite back-up cardiac surgery services. (Chapter 295, Statutes of 2008)

SB 916 Yee

Acute psychiatric hospitals: patient detention and release.

Extends to acute psychiatric hospitals civil and criminal immunity related to the detention and release of individuals who are a danger to themselves or others or gravely disabled, and extends from eight to 24 hours the period of time that individuals can be detained in such hospitals, providing the hospital has not been designated by a county to conduct psychiatric evaluations pursuant to Section 5150 of the Lanterman-Petris Short Act. Specifies the conditions that must be met for the immunity to be granted. (Chapter 308, Statutes of 2007)

SB 1058 Alquist

Hospitals: infection control.

Establishes the Medical Facility Infection Control and Prevention Act, which requires hospitals to implement specified procedures for screening, prevention, and reporting specified health care associated infections also known as hospital associated infections. Requires hospitals to report positive Methicillin-resistant Staphylococcus aureus and other HAI test results to the Department of Public Health (DPH) and requires DPH to make specified information public on its Internet Website. (Chapter 296, Statutes of 2008)

SB 1213 Ducheny

Mobile health clinics: site reporting requirements.

Requires mobile health care units (mobile clinics) to notify the Department of Public Health at least 24 hours prior to providing services at a new site, instead of 15 days as in current law, and waives any notice requirement in the event that the mobile clinic is responding to federal, state, or local and public health emergencies, as specified. (Chapter 360, Statutes of 2008)

SB 1260 Runner

Hospital licensing: supplemental services.

Requires the Department of Public Health to separately identify each supplemental service, including all outpatient services, provided by a hospital, on the hospital's license. (Chapter 396, Statutes of 2008)

SB 1272 Cox

California Health Facility Construction Loan Insurance Law.

Increases from \$5 million to \$10 million the permissible amount of a health facility loan through the California Health Facility Construction Loan Insurance Program (Cal-Mortgage Program) that can be insured for up to 95% of the total construction costs. (Chapter 204, Statutes of 2008)

SB 1729 Migden

Health facilities: staff training: discrimination.

Requires all registered nurses, certified nurse assistants, licensed vocational nurses, and physicians working in skilled nursing facilities or congregate living health facilities to participate in a training program focused on preventing and eliminating discrimination based on sexual orientation and gender identity. (Chapter 550, Statutes of 2008)

Vetoed

AB 13 Brownley

Hospitals: staffing.

Requires specified hospitals to adopt a plan or procedure for determining staffing of professional and technical job classifications, as specified, requires the Department of Public Health (DPH) to review compliance, and requires DPH to deem a hospital's failure to maintain, review annually, or comply with the plan or procedure as constituting staffing that has the potential for harm to patients.

Veto Message

Current law already requires hospitals to have written staffing plans for nursing staff. In addition, hospitals must determine the staffing needs for "non-licensed" classifications using the hospital's individual patient care requirements and their system of providing care. The Department of Public Health already has the authority to issue deficiencies and administrative penalties to hospitals when an investigation concludes that staffing deficiencies lead to harm or poor patient outcomes.

AB 317 Berg

Adult day health care centers: disasters.

Requires the Department of Health Care Services to authorize payment for partial days of attendance at an Adult Day Health Care Center resulting from a disaster for which the Governor has declared a state of emergency.

Veto Message

This bill is unnecessary and may result in unnecessary General Fund expenditures. The Department of Health Care Services already works administratively on a case-by-case

AB 317 Berg Veto Message [Continued]

basis to help adult day health facilities receive appropriate reimbursement when there is a declared state-of-emergency.

AB 371 Huffman

Health facilities: safe patient handling policy.

Requires general acute care hospitals (hospitals) that apply for tax-exempt public bond financing to provide a copy of the hospital's injury and illness prevention program, which must include a "safe patient handling policy", as defined. Provides that if the hospital does not have such a program, the application must include a description of how the applicant will allocate its financial resources for the planning, purchase, construction, and installation of equipment to implement a "safe patient handling policy."

Veto Message

This bill would require all general acute care hospitals applying for financing from the issuance of tax-exempt bonds to have a "safe patient handling" policy in their Injury and Illness Prevention Plan.

This bill is yet another attempt to impose inflexible patient handling policies upon all acute care hospitals. I have vetoed several bills attempting to impose so-called "zero-lift" policies on hospitals, including a measure this year. As I have said before, hospitals are the best judges of what type of safe patient handling policy is appropriate for their care setting given their resources.

AB 543 Plescia

Surgical clinics: licensure.

Permits the State Board of Pharmacy in the Department of Consumer Affairs to license surgical clinics for purposes of establishing centralized pharmacies. Requires surgical clinics, consistent with Medicare conditions of participation, to: 1) meet specific operating and staffing standards, and 2) develop and implement policies and procedures, including interpretive guidelines, that among other things, limit surgical procedures, as specified. Requires the Department of Public Health to create a surgical clinic licensing inspector training program, and to submit annual reports to the Joint Legislature Budget Committee on surgical clinic licensure.

Veto Message

While I support the intent of this legislation, I am unable to sign it as it lacks critical patient safety protections. This bill doesn't establish appropriate time limits for performing surgery under general anesthesia. Further, it inappropriately restricts administrative flexibility and creates state fiscal pressure during ongoing budget challenges.

I am directing the Department of Public Health to pursue legislation that establishes licensure standards for these facilities that are consistent with federal requirements and protect the health and safety of patients.

AB 1142 Salas

Hospice care.

Requires Department of Public Health (DPH), in consultation with Department of Social Services, to, no later than January 1, 2009, identify effective end-of-life and palliative care models and provide the model care examples to all freestanding nursing facilities, residential care facilities for the elderly, home health agencies and hospices in the state and to post the information on the DPH Web site. Requires DPH to report to the Legislature by January 1, 2009, results of a review of state licensing and reimbursement policies and make recommendations to remove any identified barriers to model care program implementation.

Veto Message

While I support the author's goal of identifying innovative ideas and approaches to end-of-life and palliative care, I cannot support this bill as it would increase costs at a time of continuing budget challenges. In addition, the activities mandated by this bill can be accomplished administratively. For this reason, I am directing the Health and Human Services Agency to convene stakeholders to identify barriers and strategies to improve end-of-life and palliative care in our state.

AB 1701 Dymally

Medi-Cal: pilot project: transfer of pediatric patients: subacute care health facilities.

Requires the Department of Health Care Services (DHCS) to implement a Medi-Cal pilot project to provide pediatric subacute care for a select group of children with complex ventilator medical needs, requires DHCS to establish a supplemental Medi-Cal rate model that would pay the costs required to provide this enhanced level of care, and requires DHCS to conduct an ongoing evaluation of the pilot project. Implements this bill only if DHCS can demonstrate fiscal neutrality within the overall DHCS budget. Sunsets the pilot project January 1, 2013.

Veto Message

The existing state program saves California millions of dollars and provides appropriate care to medically-fragile children. This bill would diminish the existing savings and would likely result in costs that exceed the federal upper payment level and require additional state General Fund expenditures. Given our ongoing fiscal challenges, I cannot approve a bill that will require additional state funding at this time.

The Legislature and stakeholders should consider a solution that incorporates other alternative approaches to the pediatric rate methodology to ensure the payment aligns with services provided.

AB 2244 Price

University of California hospitals: staffing.

Requires, beginning on January 1, 2010, the Department of Public Health to establish a procedure for collecting and reviewing the written staffing plans developed by specified University of California-operated health facilities.

AB 2244 Price [Continued]

Veto Message

Current law already requires hospitals to have written staffing plans for nursing staff. In addition, hospitals must determine the staffing needs for "non-licensed" classifications using the hospital's individual patient care requirements and their system of delivering care. To target a requirement specifically at the five University of California hospitals is both unnecessary and ineffective. All hospitals are currently licensed and held accountable using the same criteria - this makes good policy sense and creates an environment that protects all patients equally, regardless of the type of hospital.

AB 2697 Huffman

Boutique hospitals.

Requires "boutique hospitals," as defined, to contract with an independent consultant to perform a study of their impact on the services, staffing, and finances of surrounding hospitals, prior to their commencement of operations and every three years thereafter. Requires boutique hospitals to file the required impact studies with the Office of Statewide Health Planning and Development and local county boards of supervisors, and to make the studies available to the public.

Veto Message

While I support greater transparency in hospital financing and quality indicators, this bill represents an effort to undermine our current competitive market-based health care system. Requiring "boutique" hospitals to conduct an impact study on surrounding hospitals before commencing operations is anticompetitive and may result in patients having fewer choices when they seek effective, specialized care in their community. Furthermore, a great deal of this data is already collected and available through the Office of Statewide Health Planning and Development.

AB 2861 Hayashi

Emergency services and care: psychiatric emergency medical condition.

Revises and makes more specific the obligation of hospitals with emergency departments to provide emergency care and services for psychiatric emergency medical conditions, and the obligations of health plans in such cases, and by reference, makes changes to provisions in the Knox-Keene Health Care Service Plan Act of 1975 requiring health plans to reimburse for emergency services under specified conditions.

Veto Message

This bill contains numerous drafting errors that render its provisions confusing at best and potentially harmful to patients at worst.

I would encourage the author and stakeholders to fix these errors in future legislation. At that time, I will consider this legislation again.

AB 2968 Carter

Cosmetic surgery.

Enacts the Donda West Law, which would prohibit elective cosmetic surgery on a patient unless, prior to surgery, the patient has received a physical examination and clearance for surgery, as specified.

Veto Message

The historic delay in passing the 2008-2009 State Budget has forced me to prioritize the bills sent to my desk at the end of the year's legislative session. Given the delay, I am only signing bills that are the highest priority for California. This bill does not meet that standard and I cannot sign it at this time.

SB 260 Steinberg

Medi-Cal.

Authorizes Medi-Cal reimbursement to federally qualified health centers for multiple visits for one patient on the same day, as specified, including additional visits for mental health services.

Veto Message

While I support improving access to health care services, including mental health services, I cannot support this bill as it would increase General Fund pressure at a time of continuing budget challenges. Mental health services are already included in the Medi-Cal rates for federally qualified health centers and rural health clinics. Allowing separate billing for mental health services would lead to increased costs that our state cannot afford.

SB 275 Cedillo

Health facilities: patient transporting.

Prohibits a general acute care hospital, acute psychiatric hospital, or special hospital from causing a patient to be transported to a location other than the patient's residence or another health facility without the patient's written consent (prohibition), as specified; establishes penalties for violation of the prohibition; authorizes the Attorney General, a district attorney, or a city attorney, as specified, to bring a civil action against the health facility; and directs the Department of Public Health to consider specified enforcement actions if it determines that a hospital has violated the prohibition.

Veto Message

While I strongly oppose patient dumping and believe those who engage in this behavior should be held accountable, I cannot support this bill. Hospitals already must meet specific discharge planning requirements and make appropriate arrangements for post-hospital care. Federal and state laws already provide sanctions, including potential loss of licensure and funding, against hospitals that violate licensing or certification requirements. Enforcement of existing laws is critical, however, additional penalties are premature.

Vigorous enforcement of existing requirements should be complemented by local planning efforts and coordinated service delivery. To that end, last year I signed legislation that requires hospitals to improve post-hospital transition of homeless

SB 275 Cedillo Veto Message [Continued]

patients. If this problem persists, in spite of current law and recently enacted requirements, legislation imposing additional penalties in the future may be appropriate.

SB 535 Kuehl

Long-term health care facilities.

Revises existing law to require the Department of Public Health to develop and establish a statewide long-term health care facility consumer information system which includes an on-line information system available through an accessible Internet Web site, operational and available to the public by March 1, 2009.

Veto Message

This bill is duplicative of successful efforts already underway at the Department of Public Health. There is a website that is providing information to the public on licensed facilities, their performance and all enforcement actions. Additional information, such as that required by this bill, can already be added administratively.

SB 1221 Kuehl

Health facility financing.

Requires health facilities seeking financing from the California Health Facilities Financing Authority (CHFFA), a local government, or a joint powers authority (JPA), to demonstrate to the satisfaction of CHFFA, the local government, or the JPA, the performance of community service, as specified.

Veto Message

If the purpose of this bill is to increase competition between state and local government financing entities, then the sponsor should adjust its business model accordingly. With interest rates rising and the capital markets in turmoil, it does not make sense to place more burdens on non-profit health facilities seeking affordable financing.

SB 1351 Corbett

Hospital districts: transfer of assets.

Requires a health care district (district) to secure voter approval in the district before transferring or leasing any health care facility to a private corporation, as specified, and before relinquishing any district membership positions on the board of a corporation to which the district has transferred or leased a health care facility, and authorizes the Attorney General to review any transfer of health care district assets to private corporations, as specified.

Veto Message

This bill would impose additional voter-approval requirements on the transfer of district-owned hospitals to private corporations. These district hospitals are governed by a locally-elected health care district board - who are responsible to the voters of their community. All districts are governed by the Brown Act, the Public Records Act, the Political Reform Act, public contracting laws and other statutory restrictions.

SB 1351 Corbett Veto Message [Continued]

I cannot support placing additional restrictions on a local hospital district, especially when they are elected by, and accountable to, their local community.

V. HEALTH CARE PROFESSIONALS (HCP)

Chaptered

AB 638 Bass

Student financial aid: California Physician Assistant Loan Assumption Program.

Establishes the California Physician Assistant Scholarship and Loan Repayment Program within the California Health Professions Education Foundation to provide scholarships to pay for the educational expenses of students enrolled in Physician Assistant schools and to repay qualifying educational loans of PAs who agree to practice in designated medically underserved areas, as defined. (Chapter 628, Statutes of 2008)

AB 2917 Torrico

Emergency medical services personnel.

Requires the Emergency Medical Services Authority to establish a statewide emergency medical technician (EMT) registry and develop standards, guidelines, and regulations for certification of specified EMTs. Establishes rules for EMT certification and discipline, and for investigation of any conduct which threatens public health and safety, as defined. (Chapter 274, Statutes of 2008)

SB 139 Scott

Nursing education.

Establishes the Health Care Workforce Clearinghouse within the Office of Statewide Health Planning and Development, to serve as the central source of health care workforce and educational data in the state. Makes other changes relating to nursing education and student loans. This bill is cleanup to SB 1309 (Scott), Chapter 837, Statutes of 2006, which enacted various initiatives to address the nursing shortage in California. (Chapter 522, Statutes of 2007)

SB 1379 Ducheny

Physician and surgeon loan repayment: health care service plans: California Major Risk Medical Insurance Program.

Requires fines and administrative penalties levied against health plans under the Knox-Keene Health Care Service Plan Act of 1975 to be placed in the Managed Care Administrative Fines and Penalties Fund and used, upon appropriation by the Legislature, for a physician loan repayment program and the Major Risk Medical Insurance Program (MRMIP), instead of being deposited in the State Managed Care Fund. Requires the Department of Managed Health Care to make a one-time transfer of fine and administrative penalty revenue of \$10 million to MRMIP and \$1 million to the loan repayment program. (Chapter 607, Statutes of 2008)

SB 1387 Padilla

Dental coverage: provider overpayments.

Establishes specific requirements for overpayment notices sent by dental plans to dental providers. (Chapter 403, Statutes of 2008)

Vetoed

AB 1155 Huffman

Health care service plans.

Requires the director of the Department of Managed Health Care, upon a final determination that a health care service plan (plan) has underpaid or failed to pay a provider in violation of provisions in the Knox-Keene Health Care Service Plan Act of 1975 relating to unfair payment patterns, to require the plan to pay the provider the amount owed plus interest, as well as to assess against the plan an administrative penalty, as specified, to be deposited in the Managed Care Fund.

Veto Message

Current law already gives broad authority to the Department of Managed Health Care (Department) to assess administrative penalties against health plans for a variety of violations, including unlawful provider payment practices of health plans.

The Department has taken a number of actions to resolve payment disputes between plans and providers. Since the creation of the Department's provider complaint unit, it has assisted providers in recovering \$5.8 million in reimbursements. The Department has also collected over \$4.2 million in fines as a result of plans' failure to pay claims in a timely manner and based on other related violations of law.

It is ironic that the Department created an independent dispute resolution process as another mechanism to ensure the appropriate payment of non-contracting providers. Thus far, physicians have not utilized this process. Instead, many continue to engage in the practice of billing the patient when the plan and provider cannot agree on reimbursement. Providers should stop putting the patient in the middle of their payment disputes, and start developing a more comprehensive solution instead of a one-sided approach that AB 1155 represents.

AB 1829 Ma

Nurse-Family Partnership program.

Extends, from January 1, 2009, to January 1, 2011, the date by which the California Families and Children Account would cease to exist because the Department of Finance determines there are insufficient funds on deposit in the Account to implement the Nurse-Family Partnership Program.

Veto Message

The historic delay in passing the 2008-09 State Budget has forced me to prioritize the bills sent to my desk at the end of the year's legislative session. Given the delay, I am only signing bills that are the highest priority for California. This bill does not meet that standard and I cannot sign it at this time.

AB 2543 Berg

Geriatric and Gerontology Workforce Expansion Act.

Creates loan assistance programs for Marriage and Family Therapists, Clinical Social Workers, nurses, and physicians.

AB 2543 Berg [Continued]

Veto Message

I share the author's concern about the health workforce needs of our state. However, the provisions of this bill place an additional licensing fee on an entire profession to provide specialized loan assistance grants beyond the \$10 surcharge they already pay for the Mental Health Service Provider Education Program. Unfortunately, this bill is double-assessing the same profession for similar programs.

I would encourage the stakeholders to consider the loan repayment funds they currently receive through licensure assessments and discuss how those funds can be redirected to address their policy goals.

SB 764 Migden

Health care providers.

Requires the Medical Board of California and the Osteopathic Medical Board of California to provide physician information to the Office of Statewide Health Planning and Development (OSHDP). Requires OSHDP to prepare a report with projections concerning the primary care physician workforce for the Legislature and the Department of Health Care Services, as specified.

Veto Message

While I share the goal of ensuring all Californians have access to physician services, I am unable to sign this bill as its goal can be more effectively accomplished administratively. In fact, my Administration already has efforts under way, in the context of my comprehensive health care reform proposal to discuss and develop strategies to improve the diversity and capacity of this State's health care workforce.

SB 1415 Kuehl

Patient records: maintenance and storage.

Requires specified health care providers who create patient records to provide a disclosure statement regarding the patient's right to inspect, obtain copies and add a written addendum to his/her medical records, and the retention period for the medical records.

Veto Message

The historic delay in passing the 2008-09 State Budget has forced me to prioritize the bills sent to my desk at the end of the year's legislative session. Given the delay, I am only signing bills that are the highest priority for California. This bill does not meet that standard and I cannot sign it at this time.

SB 1633 Kuehl

Dental services: credit.

Establishes requirements governing the arrangement of credit cards and loans for dental services and prohibits a dentist, or his or her employee or agent, from charging to a third party line of credit for services that have not been rendered, or costs that have not been incurred, unless the patient receives a list of treatment and services to be rendered, as specified.

SB 1633 Kuehl [Continued]

Veto Message

The historic delay in passing the 2008-09 State Budget has forced me to prioritize the bills sent to my desk at the end of the year's legislative session. Given the delay, I am only signing bills that are the highest priority for California. This bill does not meet that standard and I cannot sign it at this time.

VI. HEALTH DISPARITIES (HD)

Chaptered

ACR 13 Galgiani

Chronic Obstructive Pulmonary Disease.

Commends the Department of Public Health and the Department of Health Care Services for implementing a pilot program to provide for the management of Chronic Obstructive Pulmonary Disease. (Res. Chapter 23, Statutes of 2007)

ACR 137 Galgiani

Chronic Obstructive Pulmonary Disease.

Commends the Department of Health Care Services for implementing a pilot program to provide for the chronic disease management of Chronic Obstructive Pulmonary Disease (COPD) and establishes COPD Awareness Day and Month in November 2008. (Res. Chapter 158, Statutes of 2008)

SJR 8 Migden

Diabetes.

Proclaims the California Legislature's intent to develop a state-funded program for diabetes research. Urges the President and Congress of the United States to renew the Special Statutory Funding for Type 1 diabetes research. (Res. Chapter 98, Statutes of 2007)

Vetoed

AB 658 Bass

Crime: homicide: Community Homicide and Violence Reduction Program.

Establishes the Community Homicide and Violence Reduction Program to be administered by the Office of Emergency Services in consultation with the Department of Public Health, to provide funding for community-based organizations to combat homicide and violence, through a competitive grant-making process. References program funding in the State Budget Act of 2007.

Veto Message

Like all Californians, I am concerned about the violence in our communities. I strongly support local efforts aimed at reducing community violence. However, this bill would require the creation of a new program that draws away from the efforts California is already undertaking.

In May 2007, my Administration established the Gang Reduction, Intervention and Prevention Program (CalGRIP), targeting more than \$31 million in state and federal funding toward local anti-gang and violence efforts. On September 4, 2007, my Administration released \$2.8 million in discretionary Workforce Investment Act funds to local government to expand job training for at-risk and gang-involved youth and gang members.

AB 658 Bass Veto Message [Continued]

Given the need for California to support its existing efforts, the creation of a new program is unnecessary at this time.

AB 741 Bass

Infant mortality: interpregnancy care.

Requires the Department of Public Health to develop a demonstration program to provide interpregnancy care for three years to women who have previously delivered a very low birth weight stillborn or live infant between April 2007 and July 2007 and who meet specified criteria.

Veto Message

While I strongly support the provision of prenatal care and family planning services and have secured a waiver to access hundreds of millions in federal funds to protect these important services, I cannot sign this bill as it would increase General Fund costs at a time of continuing budget challenges. This bill highlights a very important issue - the high incidence of low birth weight babies in the African American community and proposes an innovative, community based approach to address this public health challenge. While I cannot support this bill, I share the author's concern and am directing the California Department of Public Health to evaluate the effectiveness of the Black Infant Health Program and develop options, within existing resources, to strengthen state and local efforts, including expanding the focus on interpregnancy care, by March 31, 2008.

For the reasons mentioned above, I am unable to support this measure at this time. I believe this policy can be more appropriately addressed during the budget process.

VII. HEALTH INFORMATION TECHNOLOGY(HIT)

Chaptered

AB 55 Laird

Referral fees: information technology and training services.

Conforms state law with federal regulations by exempting from health-related anti-kickback statutes the provision of hardware, software or information technology and training services used to receive and transmit electronic prescription information and for electronic health records, as described in federal regulations. (Chapter 290, Statutes of 2008)

AB 211 Jones

Confidentiality of patient medical information.

Establishes an Office of Health Information Integrity to ensure the enforcement of state confidentiality of medical information, to impose administrative fines for the unauthorized use of medical information upon referral from the Department of Public Health, and requires providers of health care to establish and implement appropriate administrative, technical, and physical safeguards to protect the privacy of patient's medical information. (Chapter 602, Statutes of 2008)

AB 2120 Galgiani

Medi-Cal coverage for telemedicine services.

Extends, until January 1, 2013, existing Medi-Cal coverage for specified telemedicine services, known as “teleophthalmology and teledermatology by store and forward,” the coverage of which is set to expire on January 1, 2009. (Chapter 260, Statutes of 2008)

SB 541 Alquist

Health facilities: administrative penalties and confidentiality of patient medical information.

Increases the maximum penalties levied against hospitals for immediate jeopardy and other specified violations. Requires licensed clinics, health facilities, hospices, and home health agencies to prevent unlawful access to, use, or disclosure of patients' medical information; establishes administrative penalties for violations; and, requires the patient and the Department of Public Health be notified of any unlawful access to, use, or disclosure of a patient's medical information. (Chapter 605, Statutes of 2008)

Vetoed

SB 1415 Kuehl

Patient records: maintenance and storage.

Requires specified health care providers who create patient records to provide a disclosure statement regarding the patient's right to inspect, obtain copies and add a written addendum to his/her medical records, and the retention period for the medical records.

SB 1415 Kuehl [Continued]

Veto Message

The historic delay in passing the 2008-2009 State Budget has forced me to prioritize the bills sent to my desk at the end of the year's legislative session. Given the delay, I am only signing bills that are the highest priority for California. This bill does not meet that standard and I cannot sign it at this time.

VIII. HEALTH INSURANCE (INS)

Chaptered

AB 12 Beall

The Adult Health Coverage Expansion Program: Santa Clara County.

Establishes the Adult Health Coverage Expansion Program, a pilot project administered by the local initiative in Santa Clara County to provide health care coverage to 5,000 or more low-income adults who reside in Santa Clara County and who are employed in specified small Santa Clara County businesses. (Chapter 677, Statutes of 2007)

AB 328 Salas

Health care service plans: disease reports.

Requires a health care service plan to include in all contracts with providers who provide services to persons in Mexico a provision requiring the provider to report specific diseases or conditions to the local health officer, consistent with existing mandatory communicable disease reporting requirements. (Chapter 385, Statutes of 2007)

AB 895 Aghazarian

Health care coverage: dental care.

Requires a health care service plan covering dental services or a specialized health care service plan issuing a dental plan contract to declare the coordination of benefits policy prominently in its evidence of coverage or contract with both enrollee and subscriber. (Chapter 164, Statutes of 2007)

AB 910 Karnette

Disabled persons: support and health care coverage.

Modifies the requirement that health care service plans and disability insurers offering health insurance continue to cover, as dependents under a health plan contract or health insurance policy, disabled children who reach adulthood and meet specified criteria, and makes related changes in the context of court-ordered support for such dependent children. (Chapter 617, Statutes of 2007)

AB 1150 Lieu

Health care coverage rescission: employee compensation.

Prohibits health care service plans (health plans) and disability insurers selling health insurance (health insurers) from compensating any person or entity employed by or contracted with the health plan or health insurer based on the number of policies or certificates that the person has caused or recommended to be rescinded, canceled, or limited, or the resulting costs savings to the plan or insurer. Prohibits a health plan or health insurer from setting any performance goals, quotas or compensation based on contracts or policies rescinded, canceled, or the costs savings to the health plan or insurer associated with rescission of coverage. (Chapter 188, Statutes of 2008)

AB 1188 Coto

Multiple employer welfare arrangements: investments.

Authorizes a self-funded or partially self-funded multiple employer welfare arrangement (MEWA) to use the excess assets of MEWA to purchase an office building or buildings that are used for its principal operations and business, as specified. (Chapter 428, Statutes of 2008)

AB 1203 Salas

Health care service plans: payment for post-stabilization hospital services

Establishes uniform requirements governing communications between health plans and non-contracting hospitals related to post-stabilization care following an emergency, and prohibits a non-contracting hospital from billing a patient who is a health plan enrollee for post-stabilization services, except as specified. (Chapter 603, Statutes of 2008)

AB 1302 Horton

Health Insurance Portability and Accountability Act.

Extends the sunset date of the Health Insurance Portability and Accountability Act from January 1, 2008, to July 1, 2010. (Chapter 700, Statutes of 2007)

AB 1324 De La Torre

Health care coverage: treatment authorization.

Clarifies and makes specific provisions of law that currently prohibit health care service plans and disability insurers selling health insurance, where the plan or insurer authorizes a specific type of treatment by a health care provider, from rescinding or modifying the authorization after the provider renders the health care service in good faith and pursuant to the authorization. (Chapter 702, Statutes of 2007)

AB 1461 Krekorian

Health insurance: liability: alcohol and drug abuse.

Prohibits a health insurance policy from including a provision that limits an insurer's liability for any loss sustained by the insured while intoxicated or under the influence of a controlled substance, unless the substance was administered on the advice of a physician. (Chapter 630, Statutes of 2008)

AB 1642 Hancock

Medi-Cal: noncontract hospitals.

Makes Kaiser Permanente eligible for reimbursement under the California Children's Services (CCS) program for treatment of CCS conditions for a CCS-eligible Medi-Cal patient if the facility location is approved by the CCS program. (Chapter 418, Statutes of 2007)

AB 1750 Committee on Health
Health.

Conforms California law to certain provisions of the federal Deficit Reduction Act of 2005 and the federal False Claims Act related to Medi-Cal. Makes various technical and non-substantive changes in law related to health care service plans and health insurers, the operations of the Managed Risk Medical Insurance Board, Native American health, and Proposition 99 programs. (Chapter 577, Statutes of 2007)

AB 1894 Krekorian
Health care coverage: HIV testing.

Requires health care service plans and disability insurers selling health insurance to cover human immunodeficiency virus testing regardless of whether the testing is related to a primary diagnosis. (Chapter 631, Statutes of 2008)

AB 2569 De Leon
Health care coverage: rescission.

Requires health plans and health insurers to offer new coverage, or continue existing coverage, for individuals covered in a contract or policy where the coverage was rescinded, as specified; and, establishes a duty for agents and brokers selling individual health coverage products to assist applicants in providing answers to health questions accurately and completely, as specified. (Chapter 604, Statutes of 2008)

AB 2589 Solorio
Health care coverage: public agencies.

Requires, for group health plan contracts or health insurance policies, a health care service plan or health insurer to annually disclose to the governing board of a public agency the name and address of, and amount paid to, any agent, broker, or individual to whom the health plan or health insurer paid fees or commissions related to the public entity's contract or policy. (Chapter 331, Statutes of 2008)

AJR 19 Ma
Healthy Families Program.

Memorializes each U.S. Senator and Congressional Representative from California to ensure that Congress reauthorizes the State Children's Health Insurance Program in a timely manner to assure adequate funding. Urges the Governor to use his best efforts to work with the Congressional delegation in that regard and to provide meaningful assistance to help identify and enroll children who qualify for Medi-Cal or the Healthy Families Program. (Res. Chapter 75, Statutes of 2007)

SB 192 Ducheny
Mexican prepaid health plans.

Makes permanent, by eliminating the January 1, 2008 sunset, the authority for Mexican prepaid health plans to provide coverage for Mexican nationals employed in San Diego and Imperial Counties, and not just Mexican citizens, and to hire two medical directors, one that is mandatory and licensed to practice

SB 192 Ducheny [Continued]

medicine in California for services provided in California, and one that is discretionary, operating under the laws of Mexico, to oversee health services provided in Mexico. (Chapter 196, Statutes of 2007)

SB 661 Maldonado

Healing arts: anatomic pathology services.

Requires "direct billing" of patients or 3rd-party payers by clinical laboratories providing anatomic pathology services, and expressly prohibits a healing arts practitioner from charging, billing, or otherwise soliciting payment for anatomic pathology services, if those services were not actually rendered by the practitioner or under his/her direct supervision, except as specified. (Chapter 656, Statutes of 2007)

SB 697 Yee

Health care coverage: provider charges.

Prohibits health care providers from "balance billing" patients who furnish documentation of enrollment in the Healthy Families Program or the Access for Infants and Mothers Program. (Chapter 606, Statutes of 2008)

SB 1168 Runner

Health care coverage: dependent children.

Prohibits a health care service plan or health insurer which provides coverage for a dependent child who is a full-time student at a secondary or postsecondary school from terminating coverage for a specified period of time if the dependent child takes a medical leave of absence from school. (Chapter 390, Statutes of 2008)

SB 1379 Ducheny

Physician and surgeon loan repayment: health care service plans: California Major Risk Medical Insurance Program.

Requires fines and administrative penalties levied against health plans under the Knox-Keene Health Care Service Plan Act of 1975 to be placed in the Managed Care Administrative Fines and Penalties Fund and used, upon appropriation by the Legislature, for a physician loan repayment program and the Major Risk Medical Insurance Program (MRMIP), instead of being deposited in the State Managed Care Fund. Requires the Department of Managed Health Care to make a one-time transfer of fine and administrative penalty revenue of \$10 million to MRMIP and \$1 million to the loan repayment program. (Chapter 607, Statutes of 2008)

SB 1503 Steinberg

Public health: Lou Gehrig's disease.

Defines an Amyotrophic Lateral Sclerosis Center of Excellence as a "specialty care center" to which a health care service plan must have a procedure for referring enrollees who have certain serious conditions requiring specialized medical care over a prolonged period. (Chapter 409, Statutes of 2008)

SB 1553 Lowenthal

Health care service plans: mental health services.

Makes clarifying changes to requirements imposed on health plans licensed by the Department of Managed Health Care primarily related to the provision of mental health care and services. (Chapter 722, Statutes of 2008)

Vetoed

AB 2 Dymally

Health care coverage.

Revises and restructures the Major Risk Medical Insurance Program (MRMIP), administered by the Managed Risk Medical Insurance Board, which provides subsidized individual health care coverage for medically uninsurable persons. Secures additional funding and coverage for MRMIP-eligible persons by requiring all health plans and health insurers selling individual coverage in the state to accept assignment of such persons or to support the costs of MRMIP through a per person fee on individual health plan contracts and policies. Enacts specified program changes related to eligibility, benefits and program administration.

Veto Message

The state's high risk pool was enacted in response to the failure of the health insurance market to provide coverage to individuals with pre-existing medical conditions, even if they could afford to pay higher premiums. California has subsidized this coverage for thousands of individuals since the inception of the program. Unfortunately, creating a mandate and assessing a fee based on covered lives in the individual market is not the answer.

Mandates such as this only serve to make health care more expensive for those who can least afford it. Most uninsured Californians cannot obtain coverage because they cannot afford the premiums, no matter whether they are high-risk or not. This bill would allow health insurance companies to pass the fee onto their enrollees, making it more expensive. This population is the most sensitive to price. Many must bear the entire cost of their coverage because they are self-employed or their employers do not offer coverage - a bill such as this only exacerbates their burden.

Comprehensive health care reform that guarantees issuance of coverage to all individuals, along with an individual mandate, cost-containment, prevention and shared responsibility is the only solution for our health care crisis.

I cannot support this bill because it provides a limited solution without addressing a much larger problem. Californians demand and deserve a solution to solve the broader challenge facing us all.

AB 8 Nunez

Health care.

Establishes a comprehensive package of health care reforms, including expansion of eligibility for the Medi-Cal and Healthy Families Programs; creates a statewide health care purchasing program (California Health Insurance Purchasing Program, or Cal-CHIP); modifies rules governing private individual and group health insurance; initiates and expands health care quality and cost measurement activities; establishes administrative and funding mechanisms to support the reforms; and, requires the California Health and Human Services Agency to conduct a comprehensive evaluation of the implementation.

Veto Message

While I appreciate the Legislature's efforts to reform our broken health care system and applaud the hard work that has gone into AB 8, I cannot sign this bill. AB 8 would put more pressure on an already broken system.

AB 8 does not achieve coverage for all, a critical step needed to reduce health care costs for everyone. Comprehensive reform cannot leave Californians vulnerable to loss or denial of coverage when they need it most. Finally, to be sustainable, comprehensive reform cannot place the majority of the financial burden on any one segment of our economy. Unfortunately, AB 8 falls short on all three accounts.

California needs a financially sustainable health care reform plan that shares responsibility, covers all Californians and keeps our emergency rooms open and operating. I cannot support reform efforts that fall short of these goals and threaten to weaken our already broken system.

AB 30 Evans

Health care coverage: phenylketonuria: inborn errors of metabolism.

Requires all health plans and health insurers to cover the testing and treatment of inborn errors of metabolism, including formulas and special food products that are part of a diet prescribed by a physician.

Veto Message

The addition of a new mandate, no matter how small, will only serve to increase the overall cost of health care. California currently has 44 mandates on its health care service plans and health insurance policies. While these mandates are well-intentioned, the costs associated with guaranteed coverage for a specific condition or treatment means that these costs are passed through to the purchaser and consumer. These mandates are a significant driver of cost. Every day, a growing number of employers and individuals are struggling to pay for their health care. We cannot afford to increase these costs without enacting other measures that improve efforts aimed at prevention, address affordability of care and share responsibility between individuals, providers, employers and government.

AB 54 Dymally

Health care coverage: acupuncture.

Requires health plan contracts and health insurance policies to provide group coverage for services provided by an acupuncturist.

Veto Message

Without comprehensive health care reform that fully addresses affordability, cost containment and shared responsibility, I cannot support health plan mandates that place additional costs on a system that makes coverage less affordable and accessible for Californians.

Under current law, acupuncture coverage is required to be offered by health plans. Approximately 86% of insured Californians already have access to such coverage because they have chosen to purchase such coverage.

These mandates, when taken collectively or individually, increase and shift health care costs to consumers and purchasers.

I continue to call on the Legislature to work with me in the remaining days of this legislative session to enact reforms that embrace prevention strategies, contain costs, and protect consumers.

AB 343 Solorio

Health care: employer coverage: disclosure.

Requires the Department of Health Care Services and the Managed Risk Medical Insurance Board to collaborate in preparing a report that identifies all employers who employ 25 or more persons who are beneficiaries, or who support beneficiaries, enrolled in the Medi-Cal, Healthy Families, and Access for Infants and Mothers programs.

Veto Message

As I stated when I vetoed AB 1840 last year and AB 89 in 2005, compiling a report of California employers with more than 25 employees whose employees or their dependents are enrolled in public health insurance programs, would provide little value and fail to account for the complex and multi-faceted decision-making process that employees and employers consider when choosing health insurance. As crafted, this bill would yield incomplete information, based on data that most likely can not be verified, and include only a subset of employers, employees and their families. In addition, this bill would cost several million dollars to implement and would unnecessarily increase costs at a time of budget challenges. For these reasons, I am returning this bill without my signature.

AB 368 Carter

Hearing aids.

Requires health care service plan contracts and health insurance policies to offer coverage for hearing aids, up to \$1,000, to all children, defined as enrollees and insureds under 18 years of age, as specified.

AB 368 Carter [Continued]

Veto Message

This bill is similar to measures I vetoed in 2004 and 2006. The addition of a new mandate, no matter how small, will only serve to increase the overall cost of health care. Increasing the cost of coverage, by mandating benefits, may ultimately leave more children without any coverage.

I would urge the Legislature to work with me next year on a comprehensive health care reform solution that provides no-cost or low-cost comprehensive coverage to all children below 300% of the federal poverty level, regardless of their documentation status.

AB 423 Beall

Health care coverage: mental health services.

Requires a health care service plan and health insurance policy issued, amended, or renewed on or after January 1, 2008, that provides hospital, medical, or surgical coverage, to provide coverage for the diagnosis and medically necessary treatment of a mental illness of a person of any age, including a child. Defines mental illness as a mental disorder defined in the Diagnostic and Statistical Manual IV. Includes substance abuse in the covered benefits under this bill.

Veto Message

While I share the author's interest in improving access to mental health and substance abuse services, I cannot support this bill as it would contribute to higher health care costs, potentially making coverage less affordable. California needs comprehensive health care reform that will provide coverage for all, promote shared responsibility and make health care more affordable.

I encourage the author to work with me to enact comprehensive health care reform that will provide all Californians access to health coverage, strengthen prevention efforts, increase access to mental health and substance abuse services, and promote affordability.

AB 1155 Huffman

Health care service plans.

Requires the director of the Department of Managed Health Care, upon a final determination that a health care service plan (plan) has underpaid or failed to pay a provider in violation of provisions in the Knox-Keene Health Care Service Plan Act of 1975 relating to unfair payment patterns, to require the plan to pay the provider the amount owed plus interest, as well as to assess against the plan an administrative penalty, as specified, to be deposited in the Managed Care Fund.

Veto Message

Current law already gives broad authority to the Department of Managed Health Care (Department) to assess administrative penalties against health plans for a variety of violations, including unlawful provider payment practices of health plans.

AB 1155 Huffman Veto Message [Continued]

The Department has taken a number of actions to resolve payment disputes between plans and providers. Since the creation of the Department's provider complaint unit, it has assisted providers in recovering \$5.8 million in reimbursements. The Department has also collected over \$4.2 million in fines as a result of plans' failure to pay claims in a timely manner and based on other related violations of law.

It is ironic that the Department created an independent dispute resolution process as another mechanism to ensure the appropriate payment of non-contracting providers. Thus far, physicians have not utilized this process. Instead, many continue to engage in the practice of billing the patient when the plan and provider cannot agree on reimbursement. Providers should stop putting the patient in the middle of their payment disputes, and start developing a more comprehensive solution instead of a one-sided approach that AB 1155 represents.

AB 1429 Evans

Human papillomavirus vaccination.

Deems every health care service plan contract, and every policy of health insurance, where the plan contract or policy includes coverage for treatment or surgery of cervical cancer, to include coverage for a human papillomavirus vaccine, in accordance with the recommendations of the Advisory Committee on Immunization Practices to the Centers for Disease Control and Prevention, upon the referral of the patient's physician, nurse practitioner, or certified nurse mid-wife, who is providing care to the patient within the scope of their license.

Veto Message

While I support increased access to preventive services, I cannot support this bill as it may contribute to rising premiums. Further, a mandate is not necessary as this vaccine is already routinely provided by health plans and insurers. Mandating its coverage is unnecessary, restrictive and may increase costs.

AB 1887 Beall

Health care coverage: mental health services.

Requires health plans and health insurers to cover the diagnosis and medically necessary treatment of a mental illness, as defined in the Diagnostic and Statistical Manual IV, of a person of any age, including a child, not limited to coverage for severe mental illness as in existing law.

Veto Message

This bill is similar to a measure I vetoed last year. Without comprehensive health care reform that fully addresses prevention, affordability, cost containment and shared responsibility, I cannot support one-sided mandates that place additional costs on our health care system. This mandate is estimated to increase health care costs for the insured population by over \$110 million annually. Mandates like these are a significant driver of cost and mean some individuals may lose their coverage and not receive health care at all.

AB 1887 Beall Veto Message [Continued]

Californians deserve better when it comes to the health care they receive. They deserve comprehensive health care reform that places a priority on prevention and wellness, provides coverage for all, promotes shared responsibility and makes health care more affordable.

I remain committed to a comprehensive solution.

AB 1945 De La Torre

Individual health care coverage.

Imposes specific requirements and standards on health care service plans licensed by the Department of Managed Health Care and health insurers subject to regulation by the California Department of Insurance, (collectively carriers) related to the application forms, medical underwriting and notice and disclosure of rights and responsibilities for individual, non-group health plan contracts and health insurance policies, including the establishment of an independent external review process related to a carrier's decision to cancel or rescind an individual's health care coverage.

Veto Message

I believe that unfair rescissions are a deplorable practice. My Department of Managed Health Care has fought for - and won - significant settlements with the industry that have significantly changed the marketplace and reinstated coverage for thousands of consumers.

The Department's settlements are unprecedented and have fundamentally changed the way health plans operate in this state. The individual insurance market is fragile, and we must balance the need for strong consumer protections with the recognition that unintended consequences can tighten this market even more. Unfortunately, the provisions of this bill will only increase costs and further restrict access for over 2 million Californians that currently obtain coverage in the individual market.

My Administration proposed comprehensive legislation to address this problem. In particular, my proposal contained several strong consumer protections that this bill fails to address. My proposal established a standard application to remove any possibility of plans using different health questions to disadvantage applicants. This bill does not contain that protection. My proposal required agents and brokers to sign under penalty of perjury that they had not altered an applicant's answers. Penalties were levied if they engaged in this unscrupulous behavior. This bill does not contain that protection. My proposal clearly outlined the rules that plans and insurers had to follow when considering whether to offer a contract to an applicant. This bill does not contain that protection. My proposal didn't allow plans to rescind or cancel if a doctor failed to inform a patient of a medical condition. This bill does not contain that protection. My proposal contained a two-year lookback [look back] protection that prevented plans from rescinding or cancelling [canceling] after two years. This bill does not contain that protection. My proposal protected family members and required coverage to be continued without additional underwriting or increase in premiums. This bill does not contain that protection.

AB 1945 De La Torre Veto Message [Continued]

This bill was written by the attorneys that stand to benefit from its provisions. In rushing to protect a right to litigate, the proponents failed to consider the real consumer protections that are needed.

I would call on the Legislature next year to work with my Administration on real legislation that enacts important protections for consumers without increasing premiums and reducing coverage for those who need it most.

AB 1962 De La Torre

Maternity services.

Requires every individual or group policy of health insurance, as specified, to provide coverage for maternity services, as defined.

Veto Message

This bill is nearly identical to a measure I vetoed in 2004. My concerns with this bill remain unchanged. A mandate, no matter how small, will only serve to increase the overall cost of health care. I want to decrease the number of uninsured Californians. Increasing the cost of coverage moves in the opposite direction.

The choice is difficult – protect access to affordable health insurance when costs continue to increase for employers and individuals – or mandate that every person who pays for their own health insurance must buy coverage for maternity services.

Until the goals of prevention, affordability and the concept of shared responsibility are addressed through comprehensive health care reform, I must continue to veto one-sided mandates that only increase costs to the overall health care system.

AB 2220 Jones

Health care service plans: emergency room physicians and surgeons: contracts.

Allows parties to a contract negotiation between emergency room physicians and health care service plans or their contracting risk-bearing organization to, on a one-time basis per contract negotiation, invoke a mandatory mediation process to assist in resolving any remaining issues in the contract negotiations, as specified.

Veto Message

I applaud the author for seeking to address one of the most important consumer issues facing patients today. This bill attempts to change the market dynamic in a way that encourages contracts between health plans and providers. It is a good starting point. Unfortunately, it does not contain the comprehensive solution that patients need and deserve when it comes to addressing the disgraceful practice of balance billing.

I believe the author and Administration can work together to solve this issue next year. I look forward to our combined efforts that will take the patient out of the middle of these payment disputes.

AB 2861 Hayashi

Emergency services and care: psychiatric emergency medical condition.

Revises and makes more specific the obligation of hospitals with emergency departments to provide emergency care and services for psychiatric emergency medical conditions, and the obligations of health plans in such cases, and by reference, makes changes to provisions in the Knox-Keene Health Care Service Plan Act of 1975 requiring health plans to reimburse for emergency services under specified conditions.

Veto Message

This bill contains numerous drafting errors that render its provisions confusing at best and potentially harmful to patients at worst.

I would encourage the author and stakeholders to fix these errors in future legislation. At that time, I will consider this legislation again.

SB 137 Torlakson

Children's health: medical treatment.

Expands eligibility for California Children's Services program (CCS) by changing the upper limit of the family income eligibility level to either \$40,000 (applying any income deduction applicable to a child under Medi-Cal) or an income that meets the income eligibility requirement for the Healthy Families Program (which is currently 250% of the federal poverty level or \$51,625 for a family of four). Limits county liability for the costs of CCS administration and services provided by this eligibility expansion.

Veto Message

While I strongly support expanded access to health coverage for low-income children, I cannot support this bill as it lacks necessary funding and is a piece-meal solution. The best way for California to increase access to services for children with special health care needs is through comprehensive health care reform. Under my reform proposal, all low-income children will have access to the Medi-Cal or Healthy Families Program. Eligible children will have access to important case management services through the California Children's Services Program.

I encourage the author and proponent of this bill to work with me to enact comprehensive health care reform and provide necessary funding to better serve children with special medical needs.

SB 349 Perata

Health care coverage: electronic billing.

Requires health care service plans and health insurers to provide a paper copy of any bill directed to any subscriber, enrollee, policyholder, or certificate holder if the subscriber, enrollee, policyholder, or certificate holder does not consent to electronic billing.

Veto Message

Health plans and insurers should be encouraging their enrollees to use electronic billing and automatic payment of premiums. As the health care system increasingly moves to an

SB 349 Perata Veto Message [Continued]

electronic age, there should not be statutory encouragement for retaining a paper-based system.

I embrace health care technology and all the efficiencies that it brings to providers and patients. It was an important component in my comprehensive health care reform plan and I would encourage the Legislature to work with me on adopting such a plan.

SB 981 Perata

Health care coverage: noncontracting emergency physician claims.

Prohibits non-contracting hospital emergency room (ER) physicians from directly billing enrollees of health care service plans (health plans) licensed by the Department of Managed Health Care under the Knox-Keene Health Care Service Plan Act of 1975, other than allowable copayments and deductibles, and establishes statutory standards and requirements for claims payment and dispute resolution related to non-contracting ER physician claims, including an Independent Dispute Resolution Process.

Veto Message

This bill does not solve the problem facing California patients and only serves to highlight one of the many reasons I introduced my comprehensive health care reform proposal. Californians are paying a hidden tax on their health care which subsidizes care for the uninsured and allows providers to shift costs when they are not fully reimbursed by their payers. The insured population bears the brunt of this hidden tax and the larger it gets, fewer people are able to afford coverage.

This bill, in essence, asks for California to embrace this cost-shift, reward non-contracting physicians by assuring their continued financial slice of the pie, and allow the status quo to continue. I cannot agree to a measure that is a piecemeal approach to our broken health care system.

Our health care system relies on physicians, hospitals and health plans to work together. The patient that pays health insurance premiums should not be part of a payment dispute between these sophisticated market players. It is unfortunate that this bill takes sides in the dispute within the health care industry instead of taking the side of patients.

Until the Legislature can send me legislation that removes that patient from all disputes involving these parties, I direct my Department of Managed Health Care to aggressively continue in its efforts to identify unfair payment practices and keep patients from being caught in the middle.

SB 1198 Kuehl

Health care coverage: durable medical equipment.

Requires health care service plans and health insurers to offer group coverage for durable medical equipment and services at the same levels of coverage as other basic health care benefits.

SB 1198 Kuehl [Continued]

Veto Message

I am returning Senate Bill 1198 without my signature. The addition of a new mandate, no matter how well-intentioned, will only serve to increase the overall cost of health care. This mandate is estimated to increase premiums for private employers by almost \$120 million dollars annually. Enrollee contributions would increase by over \$32 million annually. The hardest hit population would be the small group market - the small businesses that are most sensitive to price changes and struggling to keep their employees covered at all.

We cannot afford to increase these costs without enacting other measures that improve efforts aimed at prevention, address affordability of care and share responsibility between individuals, providers, employers and government.

SB 1440 Kuehl

Health care coverage: benefits.

Requires health plans and health insurers to spend at least 85% of premiums on health care benefits, a requirement known as a "medical loss ratio" or MLR.

Veto Message

This bill represents exactly what I did not want to see this year - a one-sided, piecemeal approach to health care reform. Californians deserve a financially sustainable and comprehensive health care reform plan that promotes prevention; shares responsibility between individuals, employers, providers and government; covers all Californians; contains cost; and keeps our emergency rooms open and operating.

My comprehensive health care reform contained a similar provision to what is proposed in this bill. However, my plan also contained a great deal more. I cannot support individual reform efforts that do not include the other essential components.

Taken in its isolated and singular fashion, this bill may weaken our already-broken system.

SB 1563 Perata

Pervasive developmental disorders.

Requires the Department of Managed Health Care and the California Department of Insurance to establish the Autism Workgroup for Equitable Health Insurance Coverage to examine coverage of services related to pervasive developmental disorders or autism (PDD), and to make recommendations on ensuring that health plans and insurers provide appropriate and equitable coverage for PDD.

Veto Message

The provisions of this bill are currently being accomplished administratively through the Department of Managed Health Care. Therefore, this bill is unnecessary and duplicative of existing work.

SB 1634 Steinberg

Health care coverage: cleft palates.

Requires health care service plans and health insurers to cover medically necessary orthodontic services for cleft palate procedures on or after July 1, 2009, as specified.

Veto Message

I am returning Senate Bill 1634 without my signature. This bill, while well-intentioned, will only serve to increase the overall cost of health care. The costs associated with new mandates means that those costs are passed through to the purchaser and consumer. They are a significant driver of cost. Every day, a growing number of employers and individuals are struggling to pay for their health care. We cannot afford to increase these costs without enacting other measures that improve efforts aimed at prevention, address affordability of care and share responsibility between individuals, providers, employers and government.

IX. HIV/AIDS (HIV)

Chaptered

AB 110 Laird

Drug paraphernalia: clean needle and syringe exchange projects.

Permits a public entity that receives General Fund money for human immunodeficiency virus prevention and education from the Department of Public Health to use that money to support a clean needle and syringe exchange project, as specified. (Chapter 707, Statutes of 2007)

AB 682 Berg

HIV/AIDS testing.

Revises the consent standards associated with testing blood for the human immunodeficiency virus (HIV), including prenatal HIV testing, to no longer require affirmative written and informed approval prior to administering an HIV test. Establishes the new HIV testing consent standard as the right to decline the test, providing that medical care providers present specific information to the individual about treatment options and the individual's right to decline the test, and the medical care provider notes in the chart when the patient declines to be tested. This bill would not apply to HIV testing at an alternative test site, as part of an autopsy, or testing when part of scientific research. (Chapter 550, Statutes of 2007)

AB 1894 Krekorian

Health care coverage: HIV testing

Requires health care service plans and disability insurers selling health insurance to cover human immunodeficiency virus testing regardless of whether the testing is related to a primary diagnosis. (Chapter 631, Statutes of 2008)

AB 2899 Portantino

Sexually transmitted diseases: HIV and AIDS: counseling

Allows publicly funded human immunodeficiency virus test sites to provide educational services to individuals, as appropriate; to determine whether a person should be allowed to self-administer any data collection form as required by the Department of Public Health; and provide prevention education through various methods. (Chapter 555, Statutes of 2008)

SB 1184 Kuehl

Public health reporting

Requires clinical laboratories to report specified blood test results to the local health officer (LHO) within seven days of the completion of the test, and if the test is related to a human immunodeficiency virus infection, requires the LHO to report the infection to the state Department of Public Health. Urgency bill. (Chapter 347, Statutes of 2008)

X. LABORATORIES (LAB)

Chaptered

AB 1175 Niello

Clinical laboratories: personnel.

Clarifies that a laboratory director is allowed, not required, to appoint an authorized designee to establish, validate, and document explicit criteria by which clinical laboratory test results are autoverified. Contains an urgency clause to ensure that the provisions of this bill go into immediate effect upon enactment. (Chapter 61, Statutes of 2007)

AB 1323 DeSaulnier

Tuberculosis testing.

Expands the types of tuberculosis (TB) testing that may be used in specified circumstances to screen for or to report cases of active TB to include the use of any test recommended by the federal Centers for Disease Control and licensed by the federal Food and Drug Administration, as specified. (Chapter 24, Statutes of 2007)

AB 2374 Spitzer

Radiologic and nuclear medicine technology: dual mode machines

Allows a nuclear medicine technologist and diagnostic radiologic technologist to operate a dual mode machine on which both a positron emission tomography scan and a computerized tomography scan may be performed if the person participates in on-the-job training and registers with the Department of Public Health, as specified. (Chapter 238, Statutes of 2008)

SB 366 Aanestad

Clinical laboratories: personnel.

Repeals the January 1, 2008 sunset date in existing law that establishes the following workload limitations: 1) that a cytotechnologist examine no more than 80 gynecologic slides in a 24-hour period when performing manual review of slides; and, 2) the requirement to follow workload requirements established by the federal Clinical Laboratory Improvement Amendments when using automated or semiautomated screening devices approved by the federal Food and Drug Administration. (Chapter 198, Statutes of 2007)

SB 443 Migden

Tissue donors: sperm donors.

Authorizes the use of sperm from a donor who has tested reactive for human immunodeficiency virus or human T lymphotropic virus-1, for the purposes of insemination or advanced reproductive technology. (Chapter 207, Statutes of 2007)

SB 661 Maldonado

Healing arts: anatomic pathology services.

Requires "direct billing" of patients or 3rd-party payers by clinical laboratories providing anatomic pathology services, and expressly prohibits a healing arts practitioner from charging, billing, or otherwise soliciting payment for anatomic pathology services, if those services were not actually rendered by the practitioner or under his/her direct supervision, except as specified. (Chapter 656, Statutes of 2007)

SB 1184 Kuehl

Public health reporting.

Requires clinical laboratories to report specified blood test results to the local health officer (LHO) within seven days of the completion of the test, and if the test is related to a human immunodeficiency virus infection, requires the LHO to report the infection to the state Department of Public Health. Urgency bill. (Chapter 347, Statutes of 2008)

XI. LONG TERM CARE FACILITIES (LTC)

Chaptered

SB 633 Alquist

Persons with disabilities: care in community settings and hospital discharge planning policies.

Requires hospitals to provide every patient anticipated to be in need of long-term care, at the time of discharge, with contact information of entities providing information or referral services relating to community-based options, as specified. (Chapter 472, Statutes of 2007)

Vetoed

AB 398 Feuer

Long-term health care facilities: information.

Requires the Department of Public Health, to the extent funds are available, to establish and maintain an online consumer inquiry system by March 1, 2008. Requires the inquiry system to provide information to the public regarding different types of freestanding and hospital-based long-term care facilities.

Veto Message

While I support consumer access to information, including information about the quality of care at licensed long-term care facilities, I cannot support this bill as it is premature, overly prescriptive and would result in increased state costs. Efforts underway by the Department of Public Health (Department) will produce a consumer website so the public can easily access facility licensing violations.

I am directing the Department to consider expanding the website under development to include data required by this bill unless doing so will substantially increase costs or delay development of the website.

AB 399 Feuer

Long-term health care facilities.

Establishes a 40-day timeframe for the Department of Public Health (DPH) to complete a long-term care facility complaint investigation. Requires DPH to include in the written determination of the investigation specific findings and a summary of the evidence upon which the determination is made, and provides a complainant additional time to request an informal conference upon receipt of the determination of the investigation.

Veto Message

I strongly support the protection of vulnerable populations and to that end have supported increased staffing for inspection and enforcement efforts in long-term care facilities. I have also signed legislation to ensure skilled nursing facilities are in compliance with state and federal laws. With these resources, the Department of Public Health has significantly improved initiation and completion of complaint investigations.

AB 399 Feuer Veto Message [Continued]

This is important progress and I believe it will provide greater protection to our state's most vulnerable elderly and disabled populations.

While I believe this bill is well-intended, it is premature to place additional investigation requirements on this program as it continues to demonstrate progress in meeting its mandated state and federal workload.

XII. MATERNAL / CHILD HEALTH (MCH)

Chaptered

AB 34 Portantino

Umbilical Cord Blood Collection Program.

Makes legislative findings and declarations relating to the success of using cord blood in transplants, the need for genetic diversity in umbilical cord blood and bone marrow donation registries, and the diversity of California's population. Requires the Department of Public Health to establish the Umbilical Cord Blood Collection Program for the purposes of being part of the national cord blood inventory. (Chapter 516, Statutes of 2007)

AB 342 Saldana

Pupil health: individuals with exceptional needs.

Permits an individual with exceptional needs who requires specialized physical health care services, during the regular school day, to be assisted by qualified persons who hold a valid certificate of public health nursing issued by the Board of Registered Nursing or by qualified designated school personnel working under the supervision of a public health nurse. (Chapter 12, Statutes of 2007)

AB 629 Brownley

Sex education programs: requirements.

Enacts the Sexual Health Education Accountability Act and requires sexual health education programs to provide information that is medically accurate, current, and objective, including content that is age appropriate for the targeted population; be culturally and linguistically appropriate for the targeted population; and, provide information about the effectiveness and safety of at least one drug or device approved by the federal Food and Drug Administration for preventing pregnancy and for reducing the risk of contracting sexually transmitted diseases. (Chapter 602, Statutes of 2007)

AB 1108 Ma

Children's products: phthalates.

Prohibits the use of phthalates in toys and childcare products designed for babies and children under three years of age. (Chapter 672, Statutes of 2007)

AB 1514 Maze

Juveniles: psychotropic medication.

Requires a juvenile court judicial officer to make orders regarding the administration of psychotropic medications to a ward of the court who is removed from the physical custody of a parent and placed into foster care. (Chapter 120, Statutes of 2007)

AJR 19 Ma
Healthy Families Program.

Memorializes each U.S. Senator and Congressional Representative from California to ensure that Congress reauthorizes the State Children's Health Insurance Program in a timely manner to assure adequate funding. Urges the Governor to use his best efforts to work with the Congressional delegation in that regard and to provide meaningful assistance to help identify and enroll children who qualify for Medi-Cal or the Healthy Families Program. (Res. Chapter 75, Statutes of 2007)

SB 22 Migden
Breast-feeding.

Requires the Department of Public Health to recommend training for general acute care hospitals and special hospitals, as defined, to improve breast-feeding rates among mothers and infants. (Chapter 460, Statutes of 2007)

SB 850 Maldonado
Vital statistics: Certificate of Still birth.

Enacts the Missing Angels Act and allows for the elective issuance of a certificate of stillbirth, as specified. (Chapter 661, Statutes of 2007)

SB 962 Migden
Umbilical cord blood: research.

Makes legislative findings and declarations regarding removal and discarding of umbilical cord blood at time of birth and delivery. Requires the Department of Public Health (DPH) to provide umbilical cord blood samples to the Birth Defects Monitoring Program (BDMP) for storage and research. Requires, as specified: 1) researchers to pay fees to acquire umbilical cord samples; 2) for-profit research entities to share profits; and, 3) researchers and BDMP contractors to follow strict confidentiality standards. (Chapter 517, Statutes of 2007)

Vetoed

AB 8 Nunez
Health care.

Establishes a comprehensive package of health care reforms, including expansion of eligibility for the Medi-Cal and Healthy Families Programs; creates a statewide health care purchasing program; modifies rules governing private individual and group health insurance; initiates and expands health care quality and cost measurement activities; establishes administrative and funding mechanisms to support the reforms; and, requires the California Health and Human Services Agency to conduct a comprehensive evaluation of the implementation.

Veto Message

While I appreciate the Legislature's efforts to reform our broken health care system and applaud the hard work that has gone into AB 8, I cannot sign this bill. AB 8 would put more pressure on an already broken system.

AB 8 Nunez Veto Message [Continued]

AB 8 does not achieve coverage for all, a critical step needed to reduce health care costs for everyone. Comprehensive reform cannot leave Californians vulnerable to loss or denial of coverage when they need it most. Finally, to be sustainable, comprehensive reform cannot place the majority of the financial burden on any one segment of our economy. Unfortunately, AB 8 falls short on all three accounts.

California needs a financially sustainable health care reform plan that shares responsibility, covers all Californians and keeps our emergency rooms open and operating. I cannot support reform efforts that fall short of these goals and threaten to weaken our already broken system.

AB 741 Bass

Infant mortality: interpregnancy care.

Requires the Department of Public Health to develop a demonstration program to provide interpregnancy care for three years to women who have previously delivered a very low birth weight stillborn or live infant between April 2007 and July 2007 and who meet specified criteria.

Veto Message

While I strongly support the provision of prenatal care and family planning services and have secured a waiver to access hundreds of millions in federal funds to protect these important services, I cannot sign this bill as it would increase General Fund costs at a time of continuing budget challenges. This bill highlights a very important issue - the high incidence of low birth weight babies in the African American community and proposes an innovative, community based approach to address this public health challenge. While I cannot support this bill, I share the author's concern and am directing the California Department of Public Health to evaluate the effectiveness of the Black Infant Health Program and develop options, within existing resources, to strengthen state and local efforts, including expanding the focus on interpregnancy care, by March 31, 2008.

For the reasons mentioned above, I am unable to support this measure at this time. I believe this policy can be more appropriately addressed during the budget process.

AB 834 Hayashi

Dental disease prevention programs.

Makes legislative findings and declarations about the importance of preventive and early intervention dental services for children. Makes program changes to address child dental prevention and intervention needs through the use of age-appropriate education activities to accomplish its numerous objectives. Changes the dental disease prevention program to promote oral health and place attention on the development of personal dental hygiene practices. Requires that local program sponsors maximize the number of children reached and the number of dental sealant placements applied.

AB 834 Hayashi [Continued]

Veto Message

Preventing and reducing oral disease among school-age children is an important goal. Last year, I signed legislation to require that children enrolled in kindergarten have an oral health assessment to better prevent oral health problems and contribute to a child's success in school.

While I am supportive of the author's goal, I am unable to sign this bill as it creates fiscal pressure and provisions of the bill can be more effectively done administratively. Therefore, I am directing the Department of Public Health to work with stakeholders to develop and implement efforts to simplify contracting, encourage providers to improve coordination with and access to existing dental coverage, and to continue to improve the California Children's Dental Disease Prevention Program.

AB 1328 Hayashi

Access for Infants and Mothers Program: eligibility.

Deletes the current six-month residency requirement for eligibility for the Access for Infants and Mothers program.

Veto Message

While I strongly support providing pregnant women prenatal care and secured a waiver to access hundreds of millions in federal funds to protect these important services, I cannot support this bill. Since its inception in 1991, the Access for Infants and Mothers program has required that women be California residents for six months or more to be eligible for coverage. This bill would remove that requirement potentially increasing General Fund costs by more than \$1 million.

SB 533 Yee

Health: immunizations: pneumococcus.

Adds pneumococcus for children under 24 months of age to the list of diseases for which documentation of immunization is required prior to admission into schools, child care centers, nursery schools, day care, and development centers commencing July 1, 2008.

Veto Message

While I am a strong proponent of prevention and support efforts to improve vaccine rates for children, I am unable to sign this bill as California's public health experts believe it is not needed. The Department of Public Health can already require that young children receive the pneumococcal vaccine. California's vaccine experts have not established a mandate as they believe it is not needed. Approximately 86 percent of children are already being vaccinated under a voluntary system.

XIII. MENTAL HEALTH (MH)

Chaptered

AB 1178 Hernandez

Medical information: disclosures.

Permits a psychotherapist to disclose medical information, consistent with applicable law and standards of ethical conduct, if the psychotherapist, in good faith, believes the disclosure is necessary to prevent or lessen a serious and imminent threat to the health and safety of a reasonably foreseeable victim or victims, and the disclosure is made to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat. (Chapter 506, Statutes of 2007)

AB 1514 Maze

Juveniles: psychotropic medication.

Requires a juvenile court judicial officer to make orders regarding the administration of psychotropic medications to a ward of the court who is removed from the physical custody of a parent and placed into foster care. (Chapter 120, Statutes of 2007)

AB 1780 Galgiani

Mental health services: Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program.

Codifies an administrative structure for the review, oversight, appeals processes, reimbursement, and claiming procedures of the EPSDT Program. (Chapter 320, Statutes of 2008)

AB 3010 Blakeslee

State mental hospitals: tobacco products.

Authorizes the Director of the Department of Mental Health to prohibit the possession or use of tobacco products on the grounds of state mental hospitals under specified conditions. (Chapter 505, Statutes of 2008)

AB 3083 Committee on Veterans Affairs

Mental health services for veterans.

Requires counties to provide mental health services to California veterans who need services and meet existing eligibility requirements, to the extent services are available to other adults, and expands the definition of a serious mental disorder to include post-traumatic stress disorder and bipolar disorder for purposes of qualifying target populations for county mental health services. (Chapter 591, Statutes of 2008)

HR 11 Nava

Autism Awareness Month.

Declares April 2007 as Autism Awareness Month. (Adopted)

SB 785 Steinberg

Foster children: mental health services.

Facilitates the access to mental health services for foster children who are placed outside of the original county of jurisdiction, including those being adopted or entered into a guardianship with a relative. (Chapter 469, Statutes of 2007)

SB 916 Yee

Acute psychiatric hospitals: patient detention and release.

Extends to acute psychiatric hospitals civil and criminal immunity related to the detention and release of individuals who are a danger to themselves or others or gravely disabled, and extends from eight to 24 hours the period of time that individuals can be detained in such hospitals, providing the hospital has not been designated by a county to conduct psychiatric evaluations pursuant to Section 5150 of the Lanterman-Petris-Short Act (5150-designated hospitals). Specifies the conditions that must be met for the immunity to be granted. (Chapter 308, Statutes of 2007)

SB 1553 Lowenthal

Health care service plans: mental health services.

Makes clarifying changes to requirements imposed on health plans licensed by the Department of Managed Health Care primarily related to the provision of mental health care and services. (Chapter 722, Statutes of 2008)

SCR 42 Steinberg

Autism Awareness Month.

Declares April 2007 as Autism Awareness Month. (Res. Chapter 50, Statutes of 2007)

SCR 97 Steinberg

Autism Awareness Month.

Declares April 2008 as Autism Awareness Month, acknowledges the contributions made in the early treatment of autism and autism spectrum disorders (ASD), and expresses support for ASD programs and increased federal funding for these programs. (Res. Chapter 62, Statutes of 2008)

Vetoed

AB 423 Beall

Health care coverage: mental health services.

Requires a health care service plan and health insurance policy issued, amended, or renewed on or after January 1, 2008, that provides hospital, medical, or surgical coverage, to provide coverage for the diagnosis and medically necessary treatment of a mental illness of a person of any age, including a child. Defines mental illness as a mental disorder defined in the Diagnostic and Statistical Manual IV. Includes substance abuse in the covered benefits under this bill.

AB 423 Beall [Continued]

Veto Message

While I share the author's interest in improving access to mental health and substance abuse services, I cannot support this bill as it would contribute to higher health care costs, potentially making coverage less affordable. California needs comprehensive health care reform that will provide coverage for all, promote shared responsibility and make health care more affordable.

I encourage the author to work with me to enact comprehensive health care reform that will provide all Californians access to health coverage, strengthen prevention efforts, increase access to mental health and substance abuse services, and promote affordability.

AB 658 Bass

Crime: homicide: Community Homicide and Violence Reduction Program.

Establishes the Community Homicide and Violence Reduction Program to be administered by the Office of Emergency Services, in consultation with the Department of Public Health, to provide funding for community-based organizations to combat homicide and violence, through a competitive grant-making process. References program funding in the State Budget Act of 2007.

Veto Message

Like all Californians, I am concerned about the violence in our communities. I strongly support local efforts aimed at reducing community violence. However, this bill would require the creation of a new program that draws away from the efforts California is already undertaking.

In May 2007, my Administration established the Gang Reduction, Intervention and Prevention Program (CalGRIP), targeting more than \$31 million in state and federal funding toward local anti-gang and violence efforts. On September 4, 2007, my Administration released \$2.8 million in discretionary Workforce Investment Act funds to local government to expand job training for at-risk and gang-involved youth and gang members.

Given the need for California to support its existing efforts, the creation of a new program is unnecessary at this time.

AB 1887 Beall

Health care coverage: mental health services.

Requires health plans and health insurers to cover the diagnosis and medically necessary treatment of a mental illness, as defined in the Diagnostic and Statistical Manual IV, of a person of any age, including a child, not limited to coverage for severe mental illness as in existing law.

Veto Message

This bill is similar to a measure I vetoed last year. Without comprehensive health care reform that fully addresses prevention, affordability, cost containment and shared

AB 1887 Beall Veto Message [Continued]

responsibility, I cannot support one-sided mandates that place additional costs on our health care system. This mandate is estimated to increase health care costs for the insured population by over \$110 million annually. Mandates like these are a significant driver of cost and mean some individuals may lose their coverage and not receive health care at all.

Californians deserve better when it comes to the health care they receive. They deserve comprehensive health care reform that places a priority on prevention and wellness, provides coverage for all, promotes shared responsibility and makes health care more affordable.

I remain committed to a comprehensive solution.

AB 1951 Hayashi

Mental health: capital facilities.

Clarifies that the acquisition or construction of privately owned facilities that provide mental health services primarily funded through public funds is a proper use of funds made available to counties.

Veto Message

The historic delay in passing the 2008-2009 State Budget has forced me to prioritize the bills sent to my desk at the end of the year's legislative session. Given the delay, I am only signing bills that are the highest priority for California. This bill does not meet that standard and I cannot sign it at this time.

AB 2861 Hayashi

Emergency services and care: psychiatric emergency medical condition.

Revises and makes more specific the obligation of hospitals with emergency departments to provide emergency care and services for psychiatric emergency medical conditions, and the obligations of health plans in such cases, and by reference, makes changes to provisions in the Knox-Keene Health Care Service Plan Act of 1975 requiring health plans to reimburse for emergency services under specified conditions.

Veto Message

This bill contains numerous drafting errors that render its provisions confusing at best and potentially harmful to patients at worst.

I would encourage the author and stakeholders to fix these errors in future legislation. At that time, I will consider this legislation again.

SB 527 Steinberg

Autism Spectrum Disorders: screening.

Requires the Department of Developmental Services to work with one or more regional centers to establish the Autism Spectrum Disorders (ASD) Early Screening, Intervention, and Pilot Program, a two-year program to improve services for children with ASD.

Veto Message

I share the author's strong commitment to the early identification and treatment of children with autism spectrum disorders. However, the provisions of this bill can be accomplished administratively with funding from private, non-state general fund sources. In addition, given our state's ongoing fiscal challenges, it is not the time to be enacting new programs in statute.

I would encourage the author and sponsors to work directly with entities willing to fund this type of program.

SB 1563 Perata

Pervasive developmental disorders.

Requires the Department of Managed Health Care and the California Department of Insurance to establish the Autism Workgroup for Equitable Health Insurance Coverage to examine coverage of services related to pervasive developmental disorders or autism (PDD), and to make recommendations on ensuring that health plans and insurers provide appropriate and equitable coverage for PDD.

Veto Message

The provisions of this bill are currently being accomplished administratively through the Department of Managed Health Care. Therefore, this bill is unnecessary and duplicative of existing work.

XIV. ORGANS, BLOOD AND TISSUES (OBT)

Chaptered

AB 1060 Laird

Tissue banks: licensure.

Establishes an exemption from existing tissue bank licensure requirements for licensed dentists who store freeze-dried bone and dermis, under specified conditions. Includes an urgency clause to ensure that the provisions of this bill go into immediate effect upon enactment. (Chapter 427, Statutes of 2008)

AB 2599 De Leon

Birth Defects Monitoring Program.

Requires the Department of Public Health to set guidelines for collecting fees from researchers for the use of blood samples from the California Birth Defects Monitoring Program and to adopt regulations for releasing blood samples for research. Makes conforming and clarifying changes related to the use of blood samples for research. (Chapter 680, Statutes of 2008)

Vetoed

SB 1565 Kuehl

California Stem Cell Research and Cures Act.

Requires the intellectual property standards of the California Institute for Regenerative Medicine's (CIRM) Independent Citizen's Oversight Committee (ICOC) to include a requirement that each grantee and the licensee of the grantee submit a plan for CIRM's approval that will afford uninsured Californians access to any drug that is entirely or partly the result of CIRM-funded research, as specified. Revises the vote threshold necessary for CIRM funding of certain research proposals. Requests the Little Hoover Commission to study the existing governance structure of the ICOC and CIRM, as specified.

Veto Message

This bill undermines the express intent of Proposition 71 in two ways: it eliminates the priority for funding human embryonic stem cell research and it places an unnecessary restriction on the Independent Citizens' Oversight Committee authority to adopt intellectual property regulations that balance patient need and essential medical research.

More than seven million voters were very clear when they passed Proposition 71 in 2004. They wanted to fund embryonic stem cell research that the federal government wouldn't. They also wanted to make sure that California receives a return for its historic investment in medical research. Both of those important goals are already being accomplished.

This bill does nothing to advance the will of over seven million voters. For this reason, I am unable to sign this bill.

XV. PRESCRIPTION DRUGS / PHARMACY / DIETARY SUPPLEMENTS (PD)

Chaptered

AB 55 Laird

Referral fees: information technology and training services.

Conforms state law with federal regulations by exempting from health-related anti-kickback statutes the provision of hardware, software or information technology and training services used to receive and transmit electronic prescription information and for electronic health records, as described in federal regulations. (Chapter 290, Statutes of 2008)

SB 472 Corbett

Prescription drugs: labeling requirements.

Requires the Board of Pharmacy to promulgate regulations that require a standardized, patient-centered, prescription drug label on all prescription medication dispensed to patients in California. (Chapter 347, Statutes of 2007)

SB 966 Simitian

Pharmaceutical drug waste disposal.

Requires the Integrated Waste Management Board to identify and develop model programs for the safe disposal of household generated pharmaceutical waste. (Chapter 542, Statutes of 2007)

Vetoed

AB 501 Swanson

Pharmaceutical devices.

Requires a pharmaceutical manufacturer, upon request of a consumer who has been dispensed a prefilled injection device for home administration (such as a prefilled syringe), to arrange to provide the consumer with a sharps container, a coupon for a sharps container or a toll-free telephone number or Web site on the device package that directs the patient to a sharps container supplier.

Veto Message

While I support the safe and proper disposal of home-generated sharps waste, this bill only applies to the disposal of prefilled injection devices. Although the use of these devices is increasing, omitting other types of home-generated sharps from the bill could potentially create an unintentional disincentive for the production and use of these prefilled injection devices. Limiting the types of sharps in this way, making the bill's provisions take effect only upon the request of consumers, and the options provided to the manufacturers of these devices will likely reduce the efficacy of this bill. Lastly, and most importantly, this bill is unclear as to who bears the ultimate cost of these containers. This problem requires a solution that must be shared among all the stakeholders, not just the manufacturers of one type of device.

XVI. PUBLIC COVERAGE PROGRAMS (PCP)

Chaptered

AB 381 Galgiani

Medi-Cal: provider reimbursement.

Requires providers, who are exempt from the prohibition against submitting a Medi-Cal claim using a beneficiary's Social Security number, to make a good faith effort to obtain a beneficiary's identification card (BIC) number. Permits the Department of Health Care Services to establish an automated system that allows providers to access a BIC for submitting reimbursement requests. (Chapter 265, Statutes of 2007)

AB 383 Tran

Medi-Cal: orthodontic services.

Requires the active and retentive phases of Medi-Cal orthodontic treatment to be reimbursed on a quarterly basis beginning on July 1, 2008, as specified. (Chapter 494, Statutes of 2007)

AB 417 Blakeslee

Regional health authority: Santa Barbara and San Luis Obispo Counties.

Makes changes to the structure and authority of the Santa Barbara Regional Health Authority (SBRHA), a Medi-Cal managed care county organized health system, for the purpose of expansion of the SBRHA into San Luis Obispo County. (Chapter 266, Statutes of 2007)

AB 752 Dymally

Hospital funding.

Sets forth a distribution methodology for stabilization funding that may be available in 2007-08 and subsequent project years for designated public hospitals pursuant to the Medi-Cal Hospital /Uninsured Care Demonstration Project Act. (Chapter 544, Statutes of 2007)

AB 915 Hernandez

Medi-Cal managed care.

Requires the Department of Health Care Services to approve the use of nonmonetary incentives by Medi-Cal managed care (MMC) plans for the MMC plan's Medi-Cal enrollees, in the absence of other countervailing considerations, as specified. (Chapter 500, Statutes of 2007)

AB 1226 Hayashi

Medi-Cal: provider enrollment.

Makes specified physicians eligible for expedited enrollment as Medi-Cal physicians. Permits a Medi-Cal physician in an individual physician practice to change locations within the same county by filing a change of location form. Extends the time for a Medi-Cal provider or provider applicant to resubmit an incomplete application package. (Chapter 693, Statutes of 2007)

AB 1410 Feuer

Traumatic brain injury.

Requires the Department of Health Care Services to submit a home- and community-based federal Medicaid waiver application or state plan amendment by March 15, 2009, to serve at least 100 adults with acquired traumatic brain injuries. (Chapter 675, Statutes of 2007)

AB 1512 Torrico

Medi-Cal: foster children.

Requires expedited disenrollment of a foster child from a County Organized Health System, when that child has received out-of-county placement, to allow the child to be enrolled in Medi-Cal fee-for-service or managed care in the county where the child has been placed. (Chapter 467, Statutes of 2007)

AB 1642 Hancock

Medi-Cal: noncontract hospitals.

Makes Kaiser Permanente eligible for reimbursement under the California Children's Services (CCS) program for treatment of CCS conditions for a CCS-eligible Medi-Cal patient if the facility location is approved by the CCS program. (Chapter 418, Statutes of 2007)

AB 1750 Committee on Health

Health.

Conforms California law to certain provisions of the federal Deficit Reduction Act of 2005 and the federal False Claims Act related to Medi-Cal. Makes various technical and non-substantive changes in law related to health care service plans and health insurers, the operations of the Managed Risk Medical Insurance Board, Native American health, and Proposition 99 programs. (Chapter 577, Statutes of 2007)

AB 1780 Galgiani

Mental health services: Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program.

Codifies an administrative structure for the review, oversight, appeals processes, reimbursement, and claiming procedures of the EPSDT Program. (Chapter 320, Statutes of 2008)

AB 2120 Galgiani

Medi-Cal coverage for telemedicine services.

Extends, until January 1, 2013, existing Medi-Cal coverage for specified telemedicine services, known as "teleophthalmology and teledermatology by store and forward," the coverage of which is set to expire on January 1, 2009. (Chapter 260, Statutes of 2008)

AB 2474 Galgiani

Health care programs: provider reimbursement rates.

Requires, until January 1, 2010, hospital inpatient payment rates for the California Children's Services Program and the Genetically Handicapped Persons Program to be 90% of the Medi-Cal hospital interim rate of payment developed by the Department of Health Care Services. (Chapter 496, Statutes of 2008)

AB 2527 Berg

Medi-Cal: Targeted Case Management and Administrative Claiming process programs.

Permits a local government agency (LGA) or a local educational consortium to contract with any private or public entity to provide Medi-Cal targeted case management (TCM) and Medicaid administrative activities (MAAs), as specified, for the Medi-Cal Program, and authorizes cities and other local public entities that contract with an LGA to submit certification of TCM and MAA expenditures to an LGA in accordance with federal requirements. (Chapter 464, Statutes of 2008)

AB 2702 Nunez

Maddy Emergency Medical Services Fund: hospital and physician reimbursement: Los Angeles County.

Allows physicians providing services in a standby emergency department (ED) that was in existence January 1, 2007 in a hospital in Los Angeles County to receive reimbursement from Proposition 99 (Tobacco Tax and Health Protection Act of 1988) and Maddy Emergency Medical Services funds if the ED treats at least 18,000 patients per year and meets general, staffing, and equipment requirements of a basic ED. (Chapter 288, Statutes of 2008)

AB 2842 Berg

Medicare Solicitation: unfair business practices.

Makes it an unfair business practice to sell health care coverage using cold lead advertising or using an appointment to discuss a Medicare product in order to sell other coverage. (Chapter 744, Statutes of 2008)

AJR 19 Ma

Healthy Families Program.

Memorializes each U.S. Senator and Congressional Representative from California to ensure that Congress reauthorizes the State Children's Health Insurance Program in a timely manner to assure adequate funding. Urges the Governor to use his best efforts to work with the Congressional delegation in that regard and to provide meaningful assistance to help identify and enroll children who qualify for Medi-Cal or the Healthy Families Program. (Res. Chapter 75, Statutes of 2007)

AJR 31 Jones

Medicare Part D.

Urges the United States President and Congress to make changes to the Medicare Part D prescription drug program that would improve coverage for Medicare beneficiaries. (Res. Chapter 96, Statutes of 2008)

AJR 54 Laird

State Children's Health Insurance Program.

Urges the United States President and Congress to rescind the federal Centers for Medicare and Medicaid Services' directive of August 17, 2007, which restricts eligibility for the State Children's Health Insurance Program (SCHIP). (Res. Chapter 82, Statutes of 2008)

AJR 58 Horton

School Medicaid services

Expresses the Legislature's opposition to newly enacted Centers for Medicare and Medicaid Services regulations that would eliminate reimbursement for Medicaid (Medi-Cal in California) School-Based Services programs [Local Educational Agency Medi-Cal billing option and the Medi-Cal Administrative Activities Program]. (Res. Chapter 84, Statutes of 2008)

SB 238 Aanestad

Medi-Cal.

Includes in the definition of a federally qualified health center (FQHC) and rural health center (RHC) "visit" a face-to-face encounter between an FQHC or RHC patient and a dental hygienist or a dental hygienist in alternative practice. Establishes processes for FQHCs and RHCs to bill Medi-Cal for dental hygienist visits. (Chapter 638, Statutes of 2007)

SB 370 Kuehl

Medi-Cal: organ and bone marrow transplants.

Revises existing law to subject to utilization controls any donor or recipient organ transplant surgeries authorized by the Department of Health Care Services (DHCS) for Medi-Cal recipients. Provides that organ transplant surgeries are covered by Medi-Cal when they are provided in a facility that meets the requirements of, and are approved by, DHCS. (Chapter 300, Statutes of 2007)

SB 400 Corbett

Medi-Cal: outpatient prescription drugs.

Requires, on or after April 1, 2008, that written prescriptions for drugs covered under the Medi-Cal program be written on tamper resistant prescription forms. Contains an urgency clause, allowing this bill to take effect immediately upon enactment. (Chapter 134, Statutes of 2008)

SB 474 Kuehl

Medi-Cal: hospital demonstration project funding.

Makes several changes to the Medi-Cal Hospital/Uninsured Care Demonstration Project Act, commonly referred to as the Hospital Financing Waiver, and establishes the South Los Angeles Medical Services Preservation Fund to which \$100 million of safety net care pool funds will be deposited per year for the project years 2007-08, 2008-09, and 2009-10 for the purpose of funding health services for the uninsured population of South Los Angeles. (Chapter 518, Statutes of 2007)

SB 483 Kuehl

Medi-Cal: eligibility for home and facility care.

Implements provisions of the federal Deficit Reduction Act of 2005, including prohibiting an individual from being Medi-Cal eligible for home and facility care if his/her equity interest in their principal residence exceeds \$750,000, with exceptions; requiring individuals seeking Medi-Cal home and facility care to disclose any interest in an annuity; making the state a remainder beneficiary of an annuity; and, through reference to federal law, lengthens the time period in which the state “looks back” for asset transfers that appear to be made to establish Medicaid eligibility for long-term care. (Chapter 379, Statutes of 2008)

SB 697 Yee

Health care coverage: provider charges.

Prohibits health care providers from “balance billing” patients who furnish documentation of enrollment in the Healthy Families Program or the Access for Infants and Mothers Program. (Chapter 606, Statutes of 2008)

SB 1147 Calderon

Medi-Cal eligibility: juvenile offenders.

Requires Medi-Cal benefits of an individual under age 21 to be suspended on the date he/she becomes an inmate of a public institution, instead of making an individual under age 21 who is an inmate ineligible for Medi-Cal under existing law. (Chapter 546, Statutes of 2008)

Vetoed**AB 2 Dymally**

Health care coverage.

Revises and restructures the Major Risk Medical Insurance Program (MRMIP), administered by the Managed Risk Medical Insurance Board, which provides subsidized individual health care coverage for medically uninsurable persons. Secures additional funding and coverage for MRMIP-eligible persons by requiring all health plans and health insurers selling individual coverage in the state to accept assignment of such persons or to support the costs of MRMIP through a per person fee on individual health plan contracts and policies. Enacts specified program changes related to eligibility, benefits and program administration.

Veto Message

The state's high risk pool was enacted in response to the failure of the health insurance market to provide coverage to individuals with pre-existing medical conditions, even if they could afford to pay higher premiums. California has subsidized this coverage for thousands of individuals since the inception of the program. Unfortunately, creating a mandate and assessing a fee based on covered lives in the individual market is not the answer.

Mandates such as this only serve to make health care more expensive for those who can least afford it. Most uninsured Californians cannot obtain coverage because they cannot

AB 2 Dymally Veto Message [Continued]

afford the premiums, no matter whether they are high-risk or not. This bill would allow health insurance companies to pass the fee onto their enrollees, making it more expensive. This population is the most sensitive to price. Many must bear the entire cost of their coverage because they are self-employed or their employers do not offer coverage - a bill such as this only exacerbates their burden.

Comprehensive health care reform that guarantees issuance of coverage to all individuals, along with an individual mandate, cost-containment, prevention and shared responsibility is the only solution for our health care crisis.

I cannot support this bill because it provides a limited solution without addressing a much larger problem. Californians demand and deserve a solution to solve the broader challenge facing us all.

AB 8 Nunez

Health care.

Establishes a comprehensive package of health care reforms, including expansion of eligibility for the Medi-Cal and Healthy Families Programs; creates a statewide health care purchasing program (California Health Insurance Purchasing Program, or Cal-CHIP); modifies rules governing private individual and group health insurance; initiates and expands health care quality and cost measurement activities; establishes administrative and funding mechanisms to support the reforms; and, requires the California Health and Human Services Agency to conduct a comprehensive evaluation of the implementation.

Veto Message

While I appreciate the Legislature's efforts to reform our broken health care system and applaud the hard work that has gone into AB 8, I cannot sign this bill. AB 8 would put more pressure on an already broken system.

AB 8 does not achieve coverage for all, a critical step needed to reduce health care costs for everyone. Comprehensive reform cannot leave Californians vulnerable to loss or denial of coverage when they need it most. Finally, to be sustainable, comprehensive reform cannot place the majority of the financial burden on any one segment of our economy. Unfortunately, AB 8 falls short on all three accounts.

California needs a financially sustainable health care reform plan that shares responsibility, covers all Californians and keeps our emergency rooms open and operating. I cannot support reform efforts that fall short of these goals and threaten to weaken our already broken system.

AB 343 Solorio

Health care: employer coverage: disclosure.

Requires the Department of Health Care Services and the Managed Risk Medical Insurance Board to collaborate in preparing a report that identifies all employers who employ 25 or more persons who are

AB 343 Solorio [Continued]

beneficiaries, or who support beneficiaries, enrolled in the Medi-Cal, Healthy Families, and Access for Infants and Mothers programs.

Veto Message

As I stated when I vetoed AB 1840 last year and AB 89 in 2005, compiling a report of California employers with more than 25 employees whose employees or their dependents are enrolled in public health insurance programs, would provide little value and fail to account for the complex and multi-faceted decision-making process that employees and employers consider when choosing health insurance. As crafted, this bill would yield incomplete information, based on data that most likely can not be verified, and include only a subset of employers, employees and their families. In addition, this bill would cost several million dollars to implement and would unnecessarily increase costs at a time of budget challenges. For these reasons, I am returning this bill without my signature.

AB 1057 Beall

Adult Health Coverage Expansion Program.

Revises the Adult Health Coverage Expansion Program (AHCEP) in Santa Clara County to allow AHCEP to provide health care coverage products to the spouses, domestic partners, and eligible children of program enrollees.

Veto Message

This bill would expand coverage to the uninsured in Santa Clara county using federal funds that are only available for three years. This program is not sustainable and represents a piecemeal approach to a larger problem. The larger problem can only be solved with comprehensive health care reform that promotes prevention, covers all Californians, contains cost and shares responsibility.

I cannot support a bill that only covers a fraction of a problem requiring far larger solutions.

AB 1113 Brownley

Medi-Cal: eligibility.

Extends, and increases eligibility for, the Medi-Cal 250% California Working Disabled Program.

Veto Message

While I strongly support the California 250 Percent Working Disabled Program and appreciate its role in promoting work among persons who are aged and disabled, I cannot support this bill. This bill contains a drafting error that would result in unequal treatment of similarly situated aged persons, in direct conflict with federal Medicaid law. Given my strong support of services for persons with disabilities to allow them to safely remain at home and lead productive and independent lives, I am directing the Department of Health Care Services to pursue legislation to continue and improve this important program.

AB 1701 Dymally

Medi-Cal: pilot project: transfer of pediatric patients: subacute care health facilities.

Requires the Department of Health Care Services (DHCS) to implement a Medi-Cal pilot project to provide pediatric subacute care for a select group of children with complex ventilator medical needs, requires DHCS to establish a supplemental Medi-Cal rate model that would pay the costs required to provide this enhanced level of care, and requires DHCS to conduct an ongoing evaluation of the pilot project. Implements this bill only if DHCS can demonstrate fiscal neutrality within the overall DHCS budget. Sunsets this bill January 1, 2013.

Veto Message

The existing state program saves California millions of dollars and provides appropriate care to medically-fragile children. This bill would diminish the existing savings and would likely result in costs that exceed the federal upper payment level and require additional state General Fund expenditures. Given our ongoing fiscal challenges, I cannot approve a bill that will require additional state funding at this time.

The Legislature and stakeholders should consider a solution that incorporates other alternative approaches to the pediatric rate methodology to ensure the payment aligns with services provided.

AB 2440 Laird

Medi-Cal: reimbursement codes

Requires the Department of Health Care Services, in order to ensure that the Medi-Cal program's disease codes are consistent with those used by Medicare and private sector payers, to annually adopt the most current International Classification of Diseases codes published by the federal Centers for Medicare and Medicaid Services, by October 1 of the year in which the codes are published, or any date subsequently established by the federal government.

Veto Message

The historic delay in passing the 2008-2009 State Budget has forced me to prioritize the bills sent to my desk at the end of the year's legislative session. Given the delay, I am only signing bills that are the highest priority for California. This bill does not meet that standard and I cannot sign it at this time.

SB 137 Torlakson

Children's health: medical treatment.

Expands eligibility for California Children's Services program (CCS) by changing the upper limit of the family income eligibility level to either \$40,000 (applying any income deduction applicable to a child under Medi-Cal) or an income that meets the income eligibility requirement for the Healthy Families Program (which is currently 250% of the federal poverty level or \$51,625 for a family of four). Limits county liability for the costs of CCS administration and services provided by this eligibility expansion.

Veto Message

While I strongly support expanded access to health coverage for low-income children, I cannot support this bill as it lacks necessary funding and is a piece-meal solution. The

SB 137 Torlakson Veto Message [Continued]

best way for California to increase access to services for children with special health care needs is through comprehensive health care reform. Under my reform proposal, all low-income children will have access to the Medi-Cal or Healthy Families Program. Eligible children will have access to important case management services through the California Children's Services Program.

I encourage the author and proponent of this bill to work with me to enact comprehensive health care reform and provide necessary funding to better serve children with special medical needs.

SB 260 Steinberg
Medi-Cal.

Authorizes Medi-Cal reimbursement to federally qualified health centers for multiple visits for one patient on the same day, as specified, including additional visits for mental health services.

Veto Message

While I support improving access to health care services, including mental health services, I cannot support this bill as it would increase General Fund pressure at a time of continuing budget challenges. Mental health services are already included in the Medi-Cal rates for federally qualified health centers and rural health clinics. Allowing separate billing for mental health services would lead to increased costs that our state cannot afford.

SB 1132 Migden
Medi-Cal: foster care adolescents.

Prohibits the Department of Health Care Services from requiring independent foster care adolescents to complete any paperwork qualification or to provide any other information as a condition of continuing to receive the Medi-Cal benefits to which he/she is already entitled at the time of initial eligibility or at annual redetermination.

Veto Message

While I support the intent behind this measure and have signed several measures to improve the educational, social, mental and health care services for foster youth, I cannot sign this bill as currently proposed.

This measure is contingent on the receipt of matching federal funds. Since federal law currently requires states to conduct annual eligibility determinations for Medi-Cal beneficiaries, this measure cannot be implemented because the bill prohibits the department from requiring foster youth to complete any paperwork or provide any other information in order to receive benefits until the age of 21.

I would urge the Legislature to work with the department to craft a bill that makes health care services more accessible for our foster youth.

SB 1221 Kuehl

Health facility financing.

Requires health facilities seeking financing from the California Health Facilities Financing Authority (CHFFA), a local government, or a joint powers authority (JPA), to demonstrate to the satisfaction of CHFFA, the local government, or the JPA, the performance of community service, as specified.

Veto Message

If the purpose of this bill is to increase competition between state and local government financing entities, then the sponsor should adjust its business model accordingly. With interest rates rising and the capital markets in turmoil, it does not make sense to place more burdens on non-profit health facilities seeking affordable financing.

SB 1738 Steinberg

Medi-Cal: Frequent Users of Health Care Pilot Program.

Requires the Department of Health Care Services to establish a three-year pilot program to provide intensive multidisciplinary services to 2,500 Medi-Cal beneficiaries defined as frequent users of health care, as specified.

Veto Message

I strongly agree with the need to focus attention on improving health outcomes of disabled Medi-Cal beneficiaries. Strategies to slow the rate of growth in Medi-Cal expenditures are an essential component to restoring the state's fiscal balance and achieving coverage for all Californians through comprehensive health care reform.

Unfortunately, I cannot support this bill in its current form with our ongoing fiscal challenges. Instead, I would ask the author and stakeholders to work with my Administration to identify strategies to ensure these beneficiaries receive the right care, at the right time, in the right setting. This solution should be a statewide solution that focuses on primary care and comprehensive coordinated care management.

XVII. PUBLIC HEALTH (PH)

Chaptered

AB 106 Berg

Immunizations.

Requires a general acute care hospital, pursuant to its own standardized procedures and if it has the vaccine in its possession, each year between October 1 and April 1, to offer, prior to discharge, immunizations for influenza (flu) and pneumococcal disease to inpatients aged 65 years or older, as specified. (Chapter 378, Statutes of 2007)

AB 328 Salas

Health care service plans: disease reports.

Requires a health care service plan to include in all contracts with providers who provide services to persons in Mexico a provision requiring the provider to report specific diseases or conditions to the local health officer, consistent with existing mandatory communicable disease reporting requirements. (Chapter 385, Statutes of 2007)

AB 342 Saldana

Pupil health: individuals with exceptional needs.

Permits an individual with exceptional needs who requires specialized physical health care services, during the regular school day, to be assisted by qualified persons who hold a valid certificate of public health nursing issued by the Board of Registered Nursing or by qualified designated school personnel working under the supervision of a public health nurse. (Chapter 12, Statutes of 2007)

AB 1108 Ma

Children's products: phthalates.

Prohibits the use of phthalates in toys and childcare products designed for babies and children under three years of age. (Chapter 672, Statutes of 2007)

AB 1323 DeSaulnier

Tuberculosis testing.

Expands the types of tuberculosis (TB) testing that may be used in specified circumstances to screen for or to report cases of active TB to include the use of any test recommended by the federal Centers for Disease Control and licensed by the federal Food and Drug Administration, as specified. (Chapter 24, Statutes of 2007)

AB 1879 Feuer

Hazardous materials: toxic substances.

Expands the authority of the Department of Toxic Substances Control to regulate chemicals of concern, as defined, in all consumer products. (Chapter 559, Statutes of 2008)

AB 2599 De Leon

Birth Defects Monitoring Program.

Requires the Department of Public Health to set guidelines for collecting fees from researchers for the use of blood samples from the California Birth Defects Monitoring Program and to adopt regulations for releasing blood samples for research. Makes conforming and clarifying changes related to the use of blood samples for research. (Chapter 680, Statutes of 2008)

AB 2658 Horton

Disease prevention: reportable diseases.

Requires laboratories to submit disease reports on reportable diseases, except human immunodeficiency virus, to the local health officer electronically, and requires the Department of Public Health to specify the reporting mechanism and timeliness requirements for laboratory reports. (Chapter 249, Statutes of 2008)

AB 2726 Leno

Healthy Food Purchase pilot program.

Extends the sunset date of the Department of Public Health's (DPH) Healthy Food Purchase pilot program (pilot program) from January 1, 2011, to January 1, 2013, and authorizes DPH to implement the pilot program by July 1, 2009, to the extent that the Department of Finance determines that sufficient funds are available from any source, as specified. (Chapter 466, Statutes of 2008)

AB 2899 Portantino

Sexually transmitted diseases: HIV and AIDS: counseling.

Allows publicly funded human immunodeficiency virus test sites to provide educational services to individuals, as appropriate; to determine whether a person should be allowed to self-administer any data collection form as required by the Department of Public Health; and provide prevention education through various methods. (Chapter 555, Statutes of 2008)

AB 3010 Blakeslee

State mental hospitals: tobacco products.

Authorizes the Director of the Department of Mental Health to prohibit the possession or use of tobacco products on the grounds of state mental hospitals under specified conditions. (Chapter 505, Statutes of 2008)

ACR 13 Galgiani

Chronic Obstructive Pulmonary Disease.

Commends the Department of Public Health and the Department of Health Care Services for implementing a pilot program to provide for the management of Chronic Obstructive Pulmonary Disease. (Res. Chapter 23, Statutes of 2007)

ACR 87 Hayashi

Legislative Task Force on Peripheral Neuropathy.

Establishes the Legislative Task Force on Peripheral Neuropathy (Task Force), consisting of specified members, and resolves that the Task Force prepare a report and submit it to the Legislature with suggestions to promote awareness, understanding and programs to improve treatment for peripheral neuropathy. (Res. Chapter 153, Statutes of 2008)

ACR 112 Dymally

Legislative Task Force on Fibromyalgia.

Establishes the Legislative Task Force on Fibromyalgia (Task Force) in collaboration with and to be administered by the National Fibromyalgia Association. Requires the Task Force to develop a State Fibromyalgia Strategic Plan and hold a Fibromyalgia Summit. Prohibits state General Funds to be used for the purposes of this bill. (Res. Chapter 154, Statutes of 2008)

ACR 137 Galgiani

Chronic Obstructive Pulmonary Disease.

Commends the Department of Health Care Services for implementing a pilot program to provide for the chronic disease management of Chronic Obstructive Pulmonary Disease (COPD) and establishes COPD Awareness Day and Month in November 2008. (Res. Chapter 158, Statutes of 2008)

AJR 30 Berg

Lyme and Tick-Borne Disease prevention, Education, and Research Act of 2007.

Memorializes Congress and the President of the United States to enact the Lyme and Tick-Born Disease Prevention, Education, and Research Act of 2007, House Resolution 741 and Senate Bill 1708. (Res. Chapter 6, Statutes of 2008)

AJR 57 Huffman

Mercury-contaminated seafood.

Urges the federal Food and Drug Administration to reduce the public's exposure to mercury in seafood. (Res. Chapter 130, Statutes of 2008)

SB 107 Alquist

Wave pool safety.

Establishes the Wave Pool Safety Act to require wave pool operators to comply with specified safety requirements, including the use of life vests, lifeguard staffing, wave action suspension procedures, and restrictions for children under 48 inches in height. (Chapter 335, Statutes of 2008)

SB 158 Florez

Hospitals: patient safety and infection control.

Establishes an infection surveillance, prevention, and control program within the Department of Public Health to provide oversight of hospital prevention and reporting of general acute care hospital-associated infections, expands the responsibilities of the existing Hospital Care Associated Infection

SB 158 Florez [Continued]

Advisory Committee and requires all hospitals to institute a patient safety plan for the purpose of improving the health and safety of patients and reducing preventable patient safety events. (Chapter 294, Statutes of 2008)

SB 490 Alquist

Pupil nutrition: trans fats.

Prohibits schools and school districts, starting July 1, 2009, from making available through vending machines or school food establishments, foods containing artificial trans fat, as defined, and from using food containing artificial trans fat in the preparation of a food item served to pupils in grades K-12. (Chapter 648, Statutes of 2007)

SB 564 Ridley-Thomas

Public School Health Center Support Program.

Allows a school health center (SHC) to conduct routine physical, mental health, and oral health assessments, and provide referrals for any services not offered onsite. Requires the State Department of Public Health, to the extent funds are appropriated for implementation of the Public School Health Center Support Program, to establish a grant program to provide technical assistance and funding for the expansion, renovation, and retrofitting of existing SHCs, and the development of new SHCs, as specified. (Chapter 381, Statutes of 2008)

SB 793 Harman

Public swimming pools.

Deletes obsolete references to specific lifesaving certificates for lifeguards and water safety course certificates for swimming instructors and instead requires both lifeguards and swimming instructors at public swimming pools to possess current certificates from an American Red Cross, YMCA of the U.S.A., or the equivalent, as determined by the Department of Public Health. (Chapter 479, Statutes of 2007)

SB 1058 Alquist

Hospitals: infection control.

Establishes the Medical Facility Infection Control and Prevention Act, which requires hospitals to implement specified procedures for screening, prevention, and reporting specified health care associated infections (HAI) also known as hospital associated infections. Requires hospitals to report positive Methicillin-resistant Staphylococcus aureus and other HAI test results to the Department of Public Health (DPH) and requires DPH to make specified information public on its Internet Web site. (Chapter 296, Statutes of 2008)

SB 1420 Padilla

Food facilities: posting of nutritional information.

Requires, by January 1, 2011, every food facility in this state that operates under common ownership or control with at least 19 other food facilities with the same name and that sell substantially the same

SB 1420 Padilla [Continued]

menu items, or operates as a franchised outlet of a parent company with at least 19 other franchises with the same name and that sell substantially the same menu items, to disclose specified nutritional information on their menus and indoor menu boards. (Chapter 600, Statutes of 2008)

SB 1503 Steinberg

Public health: Lou Gehrig's disease.

Defines an Amyotrophic Lateral Sclerosis Center of Excellence as a “specialty care center” to which a health care service plan must have a procedure for referring enrollees who have certain serious conditions requiring specialized medical care over a prolonged period. (Chapter 409, Statutes of 2008)

SCR 39 Torlakson

Physical fitness and wellness.

Urges all Californians to enrich their lives through proper diet and exercise. Encourages members of the Legislature to increase public awareness about the benefits of exercise and physical fitness by hosting events in their districts that encourage physical fitness, and increase participation in activities that promote physical and mental health and a nutritious and well balanced diet. (Res. Chapter 62, Statutes of 2007)

SCR 97 Steinberg

Autism Awareness Month.

Declares April 2008 as Autism Awareness Month, acknowledges the contributions made in the early treatment of autism and autism spectrum disorders (ASD), and expresses support for ASD programs and increased federal funding for these programs. (Res. Chapter 62, Statutes of 2008)

SJR 8 Migden

Diabetes.

Proclaims the California Legislature's intent to develop a state-funded program for diabetes research. Urges the President and Congress of the United States to renew the Special Statutory Funding for Type 1 diabetes research. (Res. Chapter 98, Statutes of 2007)

SJR 11 Correa

National Children's Study.

Requests Congress and the President to enact legislation to continue funding the federally sponsored National Children's Study. (Res. Chapter 4, Statutes of 2008)

SJR 25 Negrete McLeod

Fibromyalgia.

Urges the United States Congress to accelerate federal funding for fibromyalgia research to ensure there are adequate Medicare and Medicaid reimbursement and coverage of fibromyalgia therapies, and to launch a public awareness campaign on fibromyalgia. (Res. Chapter 117, Statutes of 2008)

SJR 28 Calderon

Nutrition: sodium consumption.

Urges the federal government to take actions to address the issue of sodium consumption. (Res. Chapter 107, Statutes of 2008)

Vetoed

AB 16 Evans

Human papillomavirus vaccination.

Requires health plans and health insurers that currently provide coverage for cervical cancer to also cover the human papillomavirus vaccination.

Veto Message

California currently has 44 mandates on its health care service plans and health insurance policies. While these mandates are well-intentioned, the costs associated with guaranteed coverage means that these costs are passed through to the purchaser and consumer. These mandates are a significant driver of cost. Every day, a growing number of employers and individuals are struggling to pay for their health care. We cannot afford to increase these costs without enacting other measures that improve efforts aimed at prevention, address affordability of care and share responsibility between individuals, providers, employers and government.

AB 658 Bass

Crime: homicide: Community Homicide and Violence Reduction Program.

Establishes the Community Homicide and Violence Reduction Program to be administered by the Office of Emergency Services in consultation with the Department of Public Health, to provide funding for community-based organizations to combat homicide and violence, through a competitive grant-making process. References program funding in the State Budget Act of 2007.

Veto Message

Like all Californians, I am concerned about the violence in our communities. I strongly support local efforts aimed at reducing community violence. However, this bill would require the creation of a new program that draws away from the efforts California is already undertaking.

In May 2007, my Administration established the Gang Reduction, Intervention and Prevention Program (CalGRIP), targeting more than \$31 million in state and federal funding toward local anti-gang and violence efforts. On September 4, 2007, my Administration released \$2.8 million in discretionary Workforce Investment Act funds to local government to expand job training for at-risk and gang-involved youth and gang members.

Given the need for California to support its existing efforts, the creation of a new program is unnecessary at this time.

AB 681 Carter

San Bernardino County health department: pilot program: report.

Requires the San Bernardino County Health Department and authorizes other local health departments (LHDs) to establish a pilot program for preparing a local health assessment and planning report (Report) for the purpose of improving health by January 1, 2009, and requires LHDs that do not voluntarily establish the pilot program to do so by January 1, 2014.

Veto Message

This bill is unnecessary. The state does not need to authorize counties to establish pilot programs in their local jurisdictions.

AB 1605 Lieber

State Department of Public Health: State Public Health Nurse.

Requires the State Public Health Officer to appoint a State Public Health Nurse (SPHN) as part of the executive team of the State Department of Public Health (DPH), at a level no lower than deputy director, providing such appointment does not displace any other deputy director serving in the position of SPHN or result in any costs other than those reflected in the existing staff budget for DPH.

Veto Message

This bill is unnecessary. Public health nursing issues are being addressed through collaboration with the Department of Public Health and the stakeholder community. In addition, this bill would unnecessarily restrict the Department's ability to choose a chief deputy that brings the skills and expertise needed to manage a large, complex and important governmental agency.

AB 2106 Hayashi

Cosmetic safety.

Prohibits a person from manufacturing, selling, or distributing in commerce any cosmetic that contains any of nine specified ingredients.

Veto Message

While the intent of the author is laudable, there is an existing science-based process by which chemicals are determined to be harmful to the public. I signed legislation in 2005 to require manufacturers that sell any federally regulated cosmetic products to submit a list of their products sold in California along with an identification of any ingredients that cause cancer or reproductive toxicity. This bill circumvents our state's existing process and lacks enforcement and oversight provisions.

Harmful ingredients should be regulated based upon California's existing science-based process, rather than through legislation.

AB 2996 De La Torre

Emergency and disaster response exercises: infectious diseases.

Requires the Department of Public Health and local public health departments, when conducting emergency or disaster preparedness exercises relating to the outbreak of an infectious disease, to establish a process to identify deficiencies in preparedness plans and procedures and track the implementation of corrective measures to ensure that desired improvements are made to those preparedness plans.

Veto Message

I support efforts to ensure that California is better prepared for public health emergencies. However, I have previously vetoed similar legislation based in large part on the fact that the after-action reports mandated by this bill are already required by both the State's Standardized Emergency Management System and the federal government as a condition of the receipt of federal funds. As a result, this measure simply duplicates existing statutes and regulations and would not increase public safety or improve preparedness and therefore is unnecessary.

SB 120 Padilla

Food facilities: nutritional information.

Makes legislative findings and declarations on the importance of nutritional information to allow customers to make informed decisions about their health and diet. Requires each food facility that operates under common ownership or control with at least 14 other food facilities with the same name in the state, or operates as a franchised outlet of a parent company with at least 14 other franchised outlets with the same name in the state, that offer for sale substantially the same menu items, to make nutritional information available to consumers for all standard menu items.

Veto Message

This bill would require restaurants with at least fourteen locations in California to display nutrition information on menus and menu boards.

The health of Californians has been a priority for my Administration. As Governor, I have outlined my Vision for a Healthy California. This vision calls on individuals, communities, businesses and government to work together to promote an environment that encourages healthy eating, regular physical activity and responsible individual choices. In addition, I have signed legislation to get junk food out of our schools as well as to provide incentives to increase purchases of fresh fruits and vegetables in low-income communities.

While I support providing people information to help them make healthy choices, this bill is impractical. As written, SB 120 would place burdens and costs upon some restaurant owners while imposing no burdens or costs on others. In addition, this bill provides restaurants with little flexibility for how they provide consumers with nutritional information. From brochures to tray liners, many restaurants are responding to consumer demand by providing nutritional information to their customers in a variety of ways. Further, more and more companies are making detailed information available

SB 120 Padilla Veto Message [Continued]

online, allowing consumers to compare one restaurant's healthy dining options to another.

Inflexible mandates applied sporadically are not an effective way to continue our progress in educating Californians about healthy living. Restaurants throughout California have demonstrated that they are committed to working with me to promote this goal. In vetoing this bill, I am calling upon the restaurant community to reiterate this commitment and continue to work with me, the proponents of this bill, and all Californians in developing effective ways to promote healthy dining options.

SB 356 Negrete McLeod

List of reportable diseases and conditions.

Requires the Department of Public Health (DPH) to establish a list of communicable diseases and conditions for which clinical laboratories must submit a culture or a specimen to the local public health laboratory, and authorizes DPH to modify the list, as specified.

Veto Message

The historic delay in passing the 2008-2009 State Budget has forced me to prioritize the bills sent to my desk at the end of the year's legislative session. Given the delay, I am only signing bills that are the highest priority for California. This bill does not meet that standard and I cannot sign it at this time.

SB 527 Steinberg

Autism Spectrum Disorders: screening.

Requires the Department of Developmental Services to work with one or more regional centers to establish the Autism Spectrum Disorders (ASD) Early Screening, Intervention, and Pilot Program, a two-year program to improve services for children with ASD.

Veto Message

I share the author's strong commitment to the early identification and treatment of children with autism spectrum disorders. However, the provisions of this bill can be accomplished administratively with funding from private, non-state general fund sources. In addition, given our state's ongoing fiscal challenges, it is not the time to be enacting new programs in statute.

I would encourage the author and sponsors to work directly with entities willing to fund this type of program.

SB 533 Yee

Health: immunizations: pneumococcus.

Adds pneumococcus for children under 24 months of age to the list of diseases for which documentation of immunization is required prior to admission into schools, child care centers, nursery schools, day care, and development centers commencing July 1, 2008.

SB 533 Yee [Continued]

Veto Message

While I am a strong proponent of prevention and support efforts to improve vaccine rates for children, I am unable to sign this bill as California's public health experts believe it is not needed. The Department of Public Health can already require that young children receive the pneumococcal vaccine. California's vaccine experts have not established a mandate as they believe it is not needed. Approximately 86 percent of children are already being vaccinated under a voluntary system.

SB 775 Ridley-Thomas

Childhood lead poisoning.

Requires the Department of Public Health to make available to all health care providers current information about lead and lead poisoning and to report on the state's lead poisoning prevention programs. Requires health care providers, when providing services to a child who receives services from a publicly funded program for low-income children, to conduct or provide a referral for a blood lead test and to document the assessment and screening in the child's immunization record.

Veto Message

While I support programs to reduce lead exposure for children, this bill is duplicative of existing state requirements and may jeopardize overall funding for lead poisoning prevention. Many of the bill's provisions are unnecessary and are already being accomplished administratively.

SB 1313 Corbett

Product safety: perfluorinated compounds.

Prohibits the manufacture, sale or distribution in commerce of any food contact substance that contains perfluorinated compounds in a concentration exceeding 10 parts per billion.

Veto Message

This bill would ban, effective January 1, 2010, the manufacture, sale or distribution in commerce of food packaging and other materials that come into contact with food and that contain certain perfluorinated compounds (PFCs) at specified levels.

Last year, when I signed AB 1108 (Ma) banning phthalates, I stated in my signing message that a chemical by chemical, product by product approach to these issues was not the most effective way to make chemical policy in California. I offered that I prefer a more systematic, science-based approach that would take into account the health effects, risks, and available alternatives for chemicals used in commerce today.

I have signed AB 1879 (Feuer) and SB 509 (Simitian) which mark the beginning of California's historic Green Chemistry Initiative. It is within this process that chemicals like PFCs should be addressed.

XVIII. SUBSTANCE ABUSE (SA)

Chaptered

AB 110 Laird

Drug paraphernalia: clean needle and syringe exchange projects.

Permits a public entity that receives General Fund money for human immunodeficiency virus prevention and education from the Department of Public Health to use that money to support a clean needle and syringe exchange project, as specified. (Chapter 707, Statutes of 2007)

AB 1461 Krekorian

Health insurance: liability: alcohol and drug abuse.

Prohibits a health insurance policy from including a provision that limits an insurer's liability for any loss sustained by the insured while intoxicated or under the influence of a controlled substance. (Chapter 630, Statutes of 2008)

SB 767 Ridley-Thomas

Drug overdose treatment: liability.

Confers a conditional immunity from civil liability and criminal prosecution for persons who administer an opioid antagonist with reasonable care under the good faith belief that another person is experiencing a drug overdose, provided that the opioid antagonist was obtained through a licensed health care provider in conjunction with an opioid prevention and treatment training program. Applies the provisions of this bill to specified counties. Sunsets the provisions of this bill on January 1, 2011. (Chapter 477, Statutes of 2007)

Vetoed

SB 992 Wiggins

Substance abuse: adult recovery maintenance facilities.

Creates a licensure category for adult recovery maintenance facilities, which are designed to help individuals maintain their newly acquired drug and alcohol sobriety, to be regulated and enforced by the Department of Alcohol and Drug Programs.

Veto Message

The licensure and regulation of sober living environments are important for many policy reasons. It is important for facilities to respect and participate in their local community; for communities to provide support to these facilities; and lastly, it is important that individuals seeking recovery from alcohol and drug addiction can live in safe environments that help them in their recovery.

Unfortunately, this bill does not accomplish these policy goals. I would consider a future measure that ensures quality programs; increases access for safe and appropriate environments and respects the communities in which these facilities are located.

XIX. MISCELLANEOUS (MISC)

Chaptered

AB 993 Aghazarian

State Department of Public Health: licensure: home health agencies.

Establishes timelines by which the Department of Public Health must make every effort to process home health agency (HHA) applications and conduct HHA licensure and certification surveys, as specified. (Chapter 620, Statutes of 2007)

AB 1298 Jones

Personal information: disclosure.

Changes existing law relating to the disclosure of personal information maintained by a business or state agency or contained in a credit report. (Chapter 699, Statutes of 2007)

AB 1689 Lieber

The revised Uniform Anatomical Gift Act.

Repeals and reenacts the Uniform Anatomical Gift Act (UAGA) into the Revised UAGA to allow anatomical gifts (gifts) to be used for purposes including, but not limited to transplantation, therapy, research, or education. The Revised UAGA regulates gifts and the disposition of donated bodies and body parts. (Chapter 629, Statutes of 2007)

ACR 134 DeSaulnier

Legislative Task Force on Summer and Intersession Enrichment.

Establishes the Legislative Task Force on Summer and Intersession Enrichment to study ways to provide summer enrichment and wellness programs to low-income children. (Res. Chapter 157, Statutes of 2008)

ACR 137 Galgiani

Chronic Obstructive Pulmonary Disease.

Commends the Department of Health Care Services for implementing a pilot program to provide for the chronic disease management of Chronic Obstructive Pulmonary Disease (COPD) and establishes COPD Awareness Day and Month in November 2008. (Res. Chapter 158, Statutes of 2008)

HR 11 Nava

Autism Awareness Month.

Declares April 2007 as Autism Awareness Month. (Adopted)

SB 370 Kuehl

Medi-Cal: organ and bone marrow transplants.

Revises existing law to subject to utilization controls any donor or recipient organ transplant surgeries authorized by the Department of Health Care Services (DHCS) for Medi-Cal recipients. Provides that organ transplant surgeries are covered by Medi-Cal when they are provided in a facility that meets the requirements of, and are approved by, DHCS. (Chapter 300, Statutes of 2007)

SB 443 Migden

Tissue donors: sperm donors.

Authorizes the use of sperm from a donor who has tested reactive for human immunodeficiency virus or human T lymphotropic virus-1, for the purposes of insemination or advanced reproductive technology. (Chapter 207, Statutes of 2007)

SB 490 Alquist

Pupil nutrition: trans fats.

Prohibits schools and school districts, starting July 1, 2009, from making available through vending machines or school food establishments, foods containing artificial trans fat, as defined, and from using food containing artificial trans fat in the preparation of a food item served to pupils in grades K-12. (Chapter 648, Statutes of 2007)

SB 1039 Committee on Health

State Department of Public Health.

Makes technical and nonsubstantive corrections in code references to the Department of Health Services (DHS), for statutes enacted or amended in 2006 legislation, and substitutes either the newly established state Department of Public Health (DPH) or Department of Health Care Services (DHCS), consistent with the statutory framework that reassigns the programs and responsibilities of DHS to DPH or DHCS effective July 1, 2007; reenacts existing provisions of law regarding adjudicative hearings that applied to the former DHS and makes those provisions applicable to the new DPH; and, in addition, requires Senate confirmation of the appointed Chief Deputies for DPH and the renamed DHCS. (Chapter 483, Statutes of 2007)

SB 1770 Padilla

Anti-reproductive-rights crime.

Extends, until January 1, 2014, the sunset on the Reproductive Rights Law Enforcement Act to allow additional time to collect and analyze more complete data and effectively train law enforcement agencies to combat anti-reproductive rights crimes at reproductive health facilities in California. (Chapter 206, Statutes of 2008)

SCR 42 Steinberg

Autism Awareness Month.

Declares April 2007 as Autism Awareness Month. (Res. Chapter 50, Statutes of 2007)

Vetoed

SB 320 Alquist

California Health Care Information Infrastructure Program.

Extends the repeal date of the Office of Health Insurance Portability and Accountability Act (HIPAA) Implementation to January 1, 2013, and renames it as the California Office of HIPAA Implementation or CalOHI. Requires CalOHI, in consultation with the Department of Health Care Services, the Department of Public Health, the Department of Corrections and Rehabilitation, the Managed Risk Medical Insurance Board, and the Department of Managed Health Care to develop a plan for implementing the California Health Care Information Infrastructure Program.

Veto Message

While I am a strong proponent of health information technology and have proposed reforms to improve the quality, safety and efficiency of health care through the use of technology, I am unable to sign this bill. State agencies have already convened experts, developed a state policy agenda to implement and sustain the use of health information technology, and are engaged in a collaborative effort to target investments to increase provider capacity to use health information technology. My comprehensive health care reform proposal would expand this work by increasing the use of standardized personal health records and electronic health records, and ensuring California's health providers have the capacity to e-prescribe by the year 2010.

AB 543 Plescia

Surgical clinics: licensure.

Permits the State Board of Pharmacy in the Department of Consumer Affairs to license surgical clinics for purposes of establishing centralized pharmacies. Requires surgical clinics, consistent with Medicare conditions of participation, to: 1) meet specific operating and staffing standards; and, 2) develop and implement policies and procedures, including interpretive guidelines, that among other things, limit surgical procedures, as specified. Requires the Department of Public Health to create a surgical clinic licensing inspector training program, and to submit annual reports to the Joint Legislative Budget Committee on surgical clinic licensure.

Veto Message

While I support the intent of this legislation, I am unable to sign it as it lacks critical patient safety protections. This bill doesn't establish appropriate time limits for performing surgery under general anesthesia. Further, it inappropriately restricts administrative flexibility and creates state fiscal pressure during ongoing budget challenges.

I am directing the Department of Public Health to pursue legislation that establishes licensure standards for these facilities that are consistent with federal requirements and protect the health and safety of patients.

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